



UNITED STATES MARINE CORPS

MARINE FORCES RESERVE
2000 OPELOUSAS AVENUE
NEW ORLEANS, LA 70114-1500

6000
HSS
13 JAN 2016

FORCE ORDER 6000.1

From: Commander, Marine Forces Reserve
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES FOR MEDICAL MATTERS (SHORT TITLE:
SOP FOR MEDICAL)

Encl: (1) Marine Forces Reserve Medical Department Representative
Desktop Procedures Manual
(2) Health Service Support Change Request form of 10/2015

1. Situation. To promulgate medical policies and procedures with respect to medical matters to the Staff, subordinate commands, organizations, and individuals over which the Commander, Marine Forces Reserve (COMMARFORRES) exercise command or operational control.

2. Cancellation. Force Order 6000.

3. Mission. This Order provides policy and procedure for the Inspector-Instructor (I-I) Medical Department Representative (MDR).

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Enclosure (1) is designed for use on a daily basis to assist in the provision of medical support and medical administrative matters.

(b) All medical matters will be accomplished per the procedures set forth in enclosure (1).

(c) Enclosure (1) is a complete revision and should be reviewed in its entirety.

(2) Concept of Operations. All MDR's will periodically review

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and maintain all Orders, Instruction, and Messages listed in this Order.

5. Administration and Logistics. Recommendations concerning the contents of this manual are invited. Such recommendations will be forwarded utilizing enclosure (2) with copies sent to the appropriate chain of command. Any procedure that is affecting patient safety (i.e. immunization administration), Health Service Support should be contact immediately by the unit MDR.

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Reserve and all Navy personnel assigned.

b. Signal. This Order is effective the date signed.

A handwritten signature in dark ink, appearing to read 'G. T. Habel', is written over the printed name and title.

G. T. HABEL
Executive Director

DISTRIBUTION: D

Copy to: COMNAVRESFORCOM (NO1M)



MARINE FORCES RESERVE

MEDICAL DEPARTMENT REPRESENTATIVE

DESKTOP PROCEDURES MANUAL



ACKNOWLEDGEMENTS

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Chapter 1

INTRODUCTION

1. Introduction. This manual is not intended to be an all-inclusive reference. Each Medical Department Representative (MDR) must maintain a library of reference materials from a variety of sources to be used as guidance in accomplishing departmental business. However, all Marine Forces Reserve (MARFORRES) MDRs will maintain this manual as the Standard Operating Procedures (SOP) guide for their department. The site MDR must also maintain and keep records of any specific departmental procedures or processes which are unique to their Home Training Center (HTC), to include any Memorandums of Understanding (MOU) or site SOPs. The intent of this manual is to provide MDRs with current Health Service Support policy for medical matters regarding all MARFORRES Medical Department sites. This Manual is authorized by Commander, MARFORRES (COMMARFORRES) and will be adhered to this Manual.

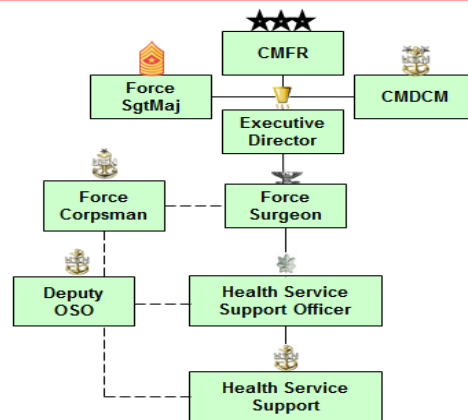


Chapter 2

GENERAL

1. General. This chapter will provide an overview of MARFORRES Command level MDR roles, responsibilities, and expectations. The titles MDR and Inspector-Instructor (I-I) Staff Hospital Corpsman (HM) are synonymous. Reserve Component (RC) HM will be identified as Program 9 HMs.
2. Organizational Relationships. The Surgeon General of the Navy establishes and issues guidance for MARFORRES (via the Commandant of the Marine Corps (CMC) and COMMARFORRES) on matters of health protection and medical policies. These policies are enforced by the MARFORRES, Force Surgeon. For professional matters, the MDR reports directly to the Battalion or Regimental Surgeon who retains authority and final responsibility to uphold medical policy. The unit Commanding Officer (CO) (title 10 U.S.C.) has the final authority and responsibility to act on medical matters or recommendations, and approve or disapprove transfer of personnel for medical reasons.
3. MARFORRES/ Health Service Support (HSS) Organizational Flow Chart

MFR Command & Staff



4. Medical Department

a. The MDR makes recommendations and advises all departments on matters that affect the health and readiness of personnel assigns.

b. The medical department is composed of medical personnel, facilities, and administrative structure allocated to provide mobilization requirements. The mission is to promote, maintain, and preserve the health of Active Component (AC) and RC personnel attached to MARFORRES units and sites. Contingency planning, delivery of medical administration, maintenance of medical department spaces and equipment, and completion of associated administrative requirements affect the discharge of this responsibility. MDRs advise the Unit Commanders on how best to accomplish the medical mission in relation to the commands operational mission.

c. The MDR will maintain all medical records of AC and RC personnel per the Manual of the Medical Department (MANMED) Chapter 16.

d. A medical department SOP manual will be maintained by each MDR. It will provide detailed and amplified instructions covering all duties and responsibilities within the department. This manual will be



reviewed and updated annually the MARFORRES, HSS staff. It is to be review and updated at a minimum annually or as instructions change. At a minimum, the following SOPs must be maintained:

- (1) Points of Contact.
 - (2) Organization and Responsibilities.
 - (3) Contacting Emergency Medical Services Protocol.
 - (4) Defense Health Agency, Great Lakes Procedures.
 - (5) Immunizations Supply Management.
 - (6) Immunizations Storage and Handling.
 - (7) Anaphylaxis Response Plan.
 - (8) Vaccine Adverse Event Reporting System (VAERS).
 - (9) Infection Control.
 - (10) Accidental Needle Stick Protocol.
 - (11) Biohazard Transportation and Disposal.
 - (12) Medical and dental records.
 - (13) Physical Examination Requirements.
 - (14) Dental Examinations.
 - (15) Temporarily Not Dental Qualified (TNDQ).
 - (16) Temporarily Not Physically Qualified (TNPQ).
 - (17) Not Physically Qualified (NPQ).
 - (18) Line of Duty (LOD) to include a printed Marine Corps Medical Entitlements Data System (MCMEDS) user guide.
- e. It is highly recommended that the MDR conduct annual self-assessments utilizing the Commanding General's Inspection (CGI) and Force Readiness Assistance and Assessment Program (FRAAP) Check List.
5. MDR's shall: A HM is designated as the MDR and will function as the healthcare administrator.
- a. MDR duties and responsibilities include:
 - (1) Coordinate and report Individual Medical Readiness (IMR) of assigned Marines.
 - (2) Serve as the staff advisor for the unit I-I on issues regarding the sick and injured.
 - (3) Responsible for the assigned duties of the reserve unit medical personnel, coordinates training events by utilizing unit Program 9 HMs. Annual Training events should also be coordinated with the I-I Training and Operations Chief.



(4) Take charge of all medical supplies (Class VIII Material) and equipment and ensure the proper receipt, expenditure, accounting, and stowage of such material.

(5) Medical Readiness Inspections.

(6) Training of medical and non-medical personnel.

(7) In case of emergencies, HM are expected to provide such medical intervention to protect life, limb, or eyesight. This treatment must be within the training and capabilities of the HM on scene.

(8) Conduct physical health assessments (PHAs) healthcare screening in order to make recommendations regarding the duty status of AC and RC personnel assigned.

(9) MDRs are NOT qualified NOR permitted to conduct routine sick call on AC or RC personnel.

(10) Provide medical liaison with local Military Treatment Facilities (MTFs), RHRP, Defense Health Agency Great Lakes, local hospitals/medical clinic, and other Medical/Dental Departments ashore and afloat.

(11) Interface with the Regimental and Battalion MDR, via the chain of command, in maintaining the unit or site assets in a high state of medical readiness.

(12) Advise unit Commanders on matters affecting the health of assigned personnel, and provide updates on the status of their respective unit's medical readiness.

(13) Ensure medical departments maintain the highest state of medical readiness for all active and reserve personnel.

(14) Track and resolve any identified discrepancies and request assist visits from the Regimental and Battalion MDR, via the chain of command when needed.

(15) Requisition and maintain Class VIII medical materials.

(16) Provide instruction, counseling and leadership to all subordinate enlisted medical personnel.

(17) Serve as an observer, evaluator, and training resource as required during medical training.

(18) Coordinate and monitor unit HM required certification and training as directed in this Manual.

(19) Coordinate timely reporting requirements to higher echelon commands.

(20) Coordinate dissemination of information and tasks to subordinate units.

(21) Visit units within the command quarterly, and more often, as necessary, for units requiring assistance in the implementation of various medical programs.

(22) Serve as TRICARE liaison/representative.

(23) Serve as limited duty coordinator and disability coordinator (or assistant coordinator if managed by a command designated Staff Non Commission Officer (SNCO) or above).

(24) Maintain close liaison with unit administration chief to ensure proper reporting for all Selected Marine Corps Reserve (SMCR)/AC Marines of supported unit.



(25) Serve as LOD/Medical Board manager of the MCMEDS reporting system and act as case reviewer if required (Where practical, all Battalion or Regimental SMDR's shall act as MCMEDS case reviewers).

(26) Serve as medical mobilization/demobilization coordinator.

(27) Serve as case manager for all deployment limiting conditions, to include pregnancies. Case management of SMCR Marines includes TNPQ/TNDQ/NPQ/LOD.

(28) Serve as Vaccine Information and Logistics System (VIALS) coordinator.

(29) Serve as Reserve Health Readiness Program (RHRP) coordinator.

(30) Ensure reserve members serving on active duty orders for 31 or more consecutive days have a separation examination and evaluation, per the Manual of Medicine Article 15-20. These shall be performed for all separating members within 180 days of the member's last active duty day.

6. Limitations

a. Unit Commanders shall ensure that HMs are not assigned as Non-physician Health Care Providers, unless they possess the Navy Enlisted Classification (NEC) of Surface Independent Duty Corpsman (SFIDC) (NEC: 8425) or Reconnaissance Independent Duty Corpsman (IDC) (NEC 8403). SFIDC's and Reconnaissance IDC's must adhere to regulations pertaining to the earned NEC. Refer to IDC Instruction OPVANIST 6320.7 (Series) for more information.

b. Unit I-Is shall ensure that signature blocks reserved for Health Care Providers on DD Form 2807, DD Form 2808, and NAVMED Form 1300/4 are reserved for signatures by Medical Officers, Nurse Practitioners, and Physicians Assistants only.

c. MDR's are NOT qualified NOR permitted to conduct routine sick call on AC or RC personnel. The MDR shall not attempt to perform medical or surgical procedures for which he or she is not professionally qualified.

d. Note. Administrative spaces may include offices for conducting medical examinations or consultations. The following are not permitted in these spaces: maintenance of controlled drugs, conducting laboratory studies, conducting imaging studies, or performing invasive procedures.

7. Assumption of Duties

a. Within 30 working days after reporting for duty, the MDR shall conduct a detailed inspection of all the unit's medical spaces, records, supplies and equipment utilizing the CGI and FRAAP. Whenever possible, these inspections will be performed with the outgoing MDR. Current CGI checklist can be obtained through the Major Subordinate Commands (MSC) chain of command. Additionally, contact MARFORRES HSS to obtain the most current FRAAP checklist.

b. A written copy of the CGI and FRAAP checklist, citing all discrepancies, will be submitted to the unit I-I. Working with the unit I-I and battalion/regimental MDR, a Plan of Action and Milestones (POA&M) for the identified discrepancies shall be documented in memorandum format (utilizing a command approved POA&M). A copy of the inspections and the POA&M must be maintained in the medical administrative file and a copy will be forwarded to the battalion/regimental MDR.

c. In addition to the completion of the self-inspection, the newly reporting MDR will complete the following:

(1) Establish access and/or computer based training to:



- (a) Medical Readiness Reporting System (MRRS)
- (b) MCMEDS

(2) Complete the minimum assignment letters on official unit letterhead:

(a) Assignment as the MDR

(b) Assignment as the Limited Duty Officer and Disabilities Manager, if assigned

(c) Authorization to requisition and maintain class VIII material, if required assignment as health and dental records custodian, with access roster, to include Program 9 HMs

8. Dental Department. In the absence of a dental department, it is the responsibility of the MDR to promote dental care and arrange dental examinations as necessary. For more information refer to Chapter 5 of this manual.



Chapter 3

ADMINISTRATION AND TRAINING

1. Administration and Training

a. Medical Department Organization and Administration. The MDR acts as an agent for the MARFORRES Force Surgeon in administering established policies. The MDR is responsible to the I-I for the health and readiness of personnel, the preparation of medical reports and records, the maintenance of medical supplies and equipment, the training of medical and non-medical personnel, and the sanitation and hygiene of the command. The senior HM of the I-I unit is designated as the SMDR.

b. MDRs will:

(1) Have direct access at all times, and in fact report to, the I-I in matters relating to the health and readiness of members of the command. Liaise with all departments concerning the health and readiness of members of the command. As a member of the I-I staff, the MDR is required to coordinate with all I-I sections to support the units Annual Training plan, provide timely medical readiness requirements for short and long term planning purposes.

(2) The MDR will maintain the following command specific standard operating procedures:

(a) Infection control procedures.

(b) Mass casualty response plan. (This may be incorporated into the Base/Command Emergency Response Plan)

c. Administrative Responsibilities and Duties. A MDR reporting for duty will, in company with the person being relieved, assured of the status of medical department management, staffing, equipment, and supply prior to assuming duty. It is recommended that a medical representative be present during turnover, if available, to assist the relieving MDR. At a minimum, turnover will include:

(1) Ensuring access to all required systems

(a) MRRS - complete a System Authorization Access Request (SAAR) and to HSS scan it then email to HSS staff. Refer to MRRS Computer Based Training for instructions on utilizing the system.

(b) eDHA – follow procedures for obtaining local administrator/provider accounts contained in eDHA.

(2) Ensuring all required supplies and equipment are onboard and in good operating condition.

(3) Ensuring ongoing actions affecting the status of medical material (e.g., outstanding requisitions, outstanding surveys, outstanding repair orders, etc.) are properly documented and understood by the relieving MDR; specifically, review major equipment required for forthcoming fiscal year.

(4) Ensuring administrative requirements are being met as required by this directive and other applicable guidance; specifically, ensure all required reports are current and properly submitted.

(5) Ensuring health surveillance programs are in place and current (e.g. immunizations, hearing conservation, physical examinations, etc.)

(6) Ensuring required training is being properly conducted and documented in the department's personnel files.



(7) Conducting a bulkhead-to-bulkhead inventory of all medical spaces, including all items listed on the Medical Departments Consolidated Memorandum Receipt (CMR) as generate by S-4.

(8) CGI and FRAAP Check List and attach both to the Letter of Relief.

(9) Conduct Health Record (HREC) and Dental Record (DREC) audits with S-1 generated roster.

(10) Drafting a "Letter of Relief":

(a) Upon completion of procedures outlined above, and within 30 days of assuming duties, the relieving MDR will advise the CO in writing as follows:

(b) I have this date relieved [departing individual], as MDR.

(c) I have, in company with [departing individual], assured myself that the management and accountability of the medical department at this instillation is in accordance with current directives. Item discrepancies noted: State "None," or list specific discrepancies in health records, supplies, medical equipment, administration, etc.

(d) Adjudication of Discrepancies Noted Upon Relief: Adjudication of discrepancies noted upon relief will be handled as a matter of individual command prerogative, consistent with determining responsibility, taking any disciplinary/administrative action necessary, adjusting accounting records, and initiating action to replace missing material.

(e) MDR will be appointed in writing, by the I-I as authorized, to review physical examinations to include PHAs. Review for completeness based on SECNAVINST 6120.3 (Series). Note. Non-IDC Corpsmen are not authorized to sign as providers.

(f) MDR shall use MRRS to track and report individual medical readiness.

(g) MDR will conduct monthly (at a minimum) reconciliation reviews with the command Marine Corps Total Force System (MCTFS) operator to ensure accountability of personnel attached to the command. The MDR will compare MRRS Alpha roster against MCTFS roster to identify any discrepancies.

(h) MDR will conduct reconciliation reviews with the command MCTFS personnel after every drill weekend. (Pull reports in MRRS, reconcile with MCTFS operator, and do this at least after every drill weekend and more frequently if possible. Additionally, all reports should be maintained in medical SSIC files for two years).

(i) Note. MRRS reports can be created to out-put in PDF or Microsoft Excel, at the users discretion. For larger HTC's, Microsoft Excel files may be more useful as they allow the user to apply tables and filters to the data.

2. Health and Dental (HRECs/DRECs) Management.

a. Privileged Communication. HRECs/DRECs are legal documents containing an individual's past and present medical history. The manner of custody will be such as to protect their personal nature. Administration and management of HRECs and DRECs will be in accordance with MANMED, Chapter MANMED, Chapter 16, The Privacy Act of 1974, and SECNAVINST 5211.5 (Series).

b. Custody of Records. MDR's may maintain HRECs/DRECs outside the MTF with the understanding that they assume the responsibility of periodic maintenance, updates, security and injury case management. Records will be subject to inspection. Per MANMED, HRECs and DRECs shall not be released longer than 60 days outside the medical department. Units are responsible for incorporating and maintaining a tracking system of all records.



c. Verification. HRECs and DRECs, including a validated and complete summary of care/problem summary list (DD2766), shall be verified upon receipt, at the time of physical examination, and prior to transfer to ensure that all required entries are contained therein. At a minimum, the medical department having custody of the record shall verify health records, in their entirety, annually. A SF-600 entry will be made and the appropriate block will be marked on the health record jacket. Verification will be conducted per MANMED Chapter 16.

(1) Utilizing MRRS and NAVMED 6150/7 to account for and inventory all health records, ensure a health and dental record exists for each assigned personnel. Retain copies on results of MRRS record accountability for 24 months. Ensure records are in current jackets and in good condition.

(2) Note. An audit of HRECs and DRECs, where records are checked against the sites personnel roster, will be conducted semiannually to ensure that records are onboard for each member.

(3) Review all PHA's and physical exams for completeness and accuracy. All signatures in the HREC/DREC will be in black ink only. The name, rank or rating, of the medical department representative making entries in the HREC/DREC will be typed, printed, or stamped under the signature. All PHA's including Armed Forces Health Longitudinal Technology Application print out of PHA, regardless of form number will be filed in section 3 of the HREC.

(4) Note. Stamped facsimile signatures will not be used on any medical or dental forms in health records. In signing, the individual assumes responsibility for correctness of the entry.

d. Training Requirements. MDR's will establish and maintain a training program for active, full-time support, and reserve department personnel. Training folders will be established for each member of the department and will contain documentation of courses attended, certifications attained, and training sessions attended. The following requirements pertain to department personnel:

(1) Reserve Medical Administration (RMA) Course. To remain current in medical readiness standards, MDR's will attend RMA school at least every three years or once per tour. When requesting a seat for an RMA class, requests are approved through MARFORRES HSS staff. Once an RMA request is received by HSS staff to attend this course a seat will be reserved via eNTRS. Members are requested to provide their Electronic Data Interchange Personal Identifier for submission into eNTRS. A welcome aboard package will be sent to all members approved for the RMA course from Naval Education and Training Command. If a member needs to cancel their seat in this course, it is imperative to contact the HSS staff so that the cancellation can be submitted. Missed training opportunities will be sent to the unit I-I copy regular on any Sailor that does not properly cancel.

(2) Basic Cardiopulmonary Life Support (BCLS). All medical department personnel shall be trained and maintain certification in BCLS.

(3) Immunization Administration Training. MDR's will also complete an annual eight hour immunization refresher course. All medical department personnel who administer immunizations will also complete required training.

(4) Combat Life Saver (CLS) and Tactical Combat Casualty Care (TCCC) sustainment training as required per MARADMIN 209/12.

e. Indoctrination of Newly Reporting Personnel. The MDR, during Command Indoctrination and/or during check-in, shall give the following instruction to all newly reporting personnel:

(1) Describe individual medical and dental readiness requirements and procedures for completing such requirements.

(2) Describe injury management requirements including TNPQ, TNDQ, NPQ status and LOD.



(3) Explain emergency care procedures and requirements for obtaining and reporting care received during drill weekend.

(4) Provide information concerning TRICARE Health/Dental options and procedures.

f. Correspondence

(1) Procedures. Official correspondence originates from the CO or designated personnel will be prepared as specified in SECNAVINST 5216.5 (Series), Department of the Navy Correspondence Manual. Official correspondence will be clear, concise, complete, correct, and courteous. Such correspondence should normally be routed via the administrative Chain of Command. Direct correspondence with the Force Surgeon, with Chain of Command intermediaries as information addressees, is authorized for time-sensitive matters in which the well-being of a patient might be placed at risk by using routine channels.

(2) Filing and Records Retirement. Files will be complete, orderly, and per SECNAVINST 5210.8D (Series). Records, logs and correspondence will be disposed of per MANMED Chapter 16.

g. Sanitation. Per NAVMED P-5010, HTC's are considered administrative spaces for sanitation purposes. MDR's will ensure monthly sanitation inspections are conducted and documented per NAVMED P 5010. Discrepancies will have a corrective action plan initiated within five working days. Documentation will be maintained for two years.



Chapter 4

HEALTH PROTECTION AND READINESS

1. Health Protection and Readiness

a. Health Protection

(1) Records and Logs. The following records and log books will be maintained in the medical department. They should contain sufficient detail to serve as a complete and permanent historical and legal record for actions, incidents, and data as follows:

(2) Temperature Log Medical departments are required to ensure proper temperatures are maintained in areas where immunizations are stored. Refrigerated storage areas must be checked and recorded at least daily, and on weekends if a sensaphone is not in operation. In the case of multiple reefers, readings may be maintained on one log or individual logs, further Army Medical Department policy guidance can be found in MEDCOM Operations Management Bulletin No. 01-05 (24 FEB 05), entitled "Monitoring Temperatures on Refrigerator/Freezer Units Storing Temperature Sensitive Medical Products. The log(s) will at a minimum record:

(a) Time and date

(b) Recorded temperature

(c) Printed name and signature of personnel conducting the inspection

(3) Immunization Log. An immunization log will be kept on all immunizations given within the site Medical Department.

(4) Ancillary Logs. Medical departments with x-ray and advanced laboratory capability will maintain records of tests and studies conducted.

(5) Medical Waste Log. This log will be maintained to document the amount of waste collected, storage, and transfer of all medical infectious or biohazard waste.

b. Personnel Transfers. When a member transfers, the medical department will receive orders for the loss of the member and the MDR is responsible for the preparation of the HREC/DREC.

(1) Unit-to-Unit Transfer. When a member transfers between units, the MDR will enter in the members HREC/DREC the end date for the old unit and the begin date for the new unit on the NAVMED 6150-4. The MDR will also document, on the Chronological Record of Medical Care SF 600 that the member has transferred to the new unit. Additionally, the MDR will update, in pencil, the new unit on the DD2766. The MDR will then provide both the HREC & DREC to the their S-1/Administrative personnel, retaining a signature of receipt, for proper forwarding of records to the service members gaining unit/command.

(2) Naval Operations Support Center (NOSC) Transfer (Navy Personnel). For a member transferring, first verify the HREC/DREC to ensure all information is accurate and complete. Enter date member transferred on the SF-600, and complete the NAVMED 6150-4. Fill out the NAVMED 6150/7 and retain on file according to MANMED Chapter 16. The MDR shall verify all Navy Reserve personnel transfers with the NOSC Manpower department prior to forwarding the HREC/DREC to the service members gaining command. Once complete, the MDR will document that the service member has checked out both the HREC/DREC with-in the MRRS database.

(3) Transfer to the Inactive Ready Reserve (IRR). For transfers to the IRR, make an entry on the surface 600 that the HREC/DREC is closed due to the members transfer to the IRR. Enter the end date



on the NAVMED 6150-4, and line out the rest of the form, also line out the NAVMED6150/2, and record that the member has transferred to the IRR and the effective date on the NAVMED 6150/7 and retain on file according to MANMED Chapter 16. The MDR will then provide both the HRE/ DREC to their S-1/Administrative department, maintaining a log with a signature of receipt, for proper forwarding of records. The MDR must also document that the service member has checked out with-in the MRRS database. For transferring Navy Personnel to the IRR, the member's administrative control NOSC transfer procedures apply. Members shall not be transferred to the IRR while in an active TNPQ/TNDQ/NPQ/LOD status. Members shall be retained in their unit, except:

(a) Where precluded by policy (i.e. High Year Tenure, Unsatisfactory participant).

(b) With written approval from Commander MARFORRES.

(c) Note. All HREC/DREC transfers will be recorded in MRRS to reflect correct custody/disposition in the RECORD tab option.

(4) Sick in Quarters (SIQ). SIQ from a medical facility should be considered as a treatment recommendation. The command must make the final disposition according to MANMED Chapter 18-2.

(5) Convalescent Leave. Naval hospitals or civilian facilities in remote areas may discharge a patient to return to the unit and recommend convalescent leave. Convalescent leave is a recommendation by an attending physician to the command and is considered as an adjunct to patient treatment. The command has approval/disapproval authority for such recommendations. The command must evaluate each recommendation based on individual case history and operational priorities. Convalescent leave, when granted, does not count against annual leave. Naval Hospital COs may grant convalescent leave without consulting the patient's parent command according to MANMED Chapter 18-2 and MILPERSMAN 1050-180.

(6) Treatment of Military Personnel in non-Federal Medical Facilities. Personnel who require urgent or emergency medical treatment while on authorized leave or liberty shall, if possible, seek care at the nearest federal activity in the vicinity. If federal facilities are not available, the individual concerned or someone acting on his or her behalf should contact the member's CO and regional TRICARE office as soon as possible after member is treated in a civilian facility to report the emergency condition and make sure that payment is arranged. The TRICARE Website and/or BUMEDINST 6320.72 provide guidance regarding procedures for both receiving care and coordinating billing from non-federal sources. If communication with the command is not possible or would delay emergency treatment, the member should obtain that treatment as a first priority and attend to notifications later when convenient. Again, in such circumstances, the government will normally pay expenses.

(a) Note. If the non-federal treatment facility refers the service member to civilian providers for supplemental treatment, prior authorization is required from the nearest health benefits advisor (HBA) or TRICARE office prior to accessing civilian care. The HBA offices are co-located near MTFs.

(b) Whenever military personnel receive inpatient medical or dental care from civilian facilities in the United States, the member's MDR will immediately notify the Defense Health Agency (DHA-GL). Additional contact will be made with TRICARE_Dental Program (TDP) in cases that involve dental treatment. For more information about MMSO refer to Section 9.1.6 of this Manual. For more information about TDP refer to Section 9.1.3 of this Manual.

(c) A Statement of Civilian Medical/Dental Care (NAVMED 6320/10) will be prepared by the member's command and forwarded with the original and two copies of the itemized billing statements to DHA-GL. These will be submitted on standardized forms such as UB92 or HCFA-1500. The cognizant TRICARE contractor handles active duty payments in TRICARE regions North, South, and West. MDRs should stay updated on local policies and should consult with HBAs for local procedures.



(7) MDRs Requiring Medical Officer (MO) Assistance. HMs on duty independent of a MO shall not attempt, nor be required to perform, medical duties for which they are not professionally qualified. They shall make firm and appropriate recommendations to the I-I whenever the service of a MO is not available and when they consider the patient to be in need of professional medical care exceeding the skills and support immediately available.

(8) Medical Stand-By. BUMEDINST 6320.83 provides detailed policy on the use of appropriate standbys during medical interviews and intimate examinations of patients by health care providers of the opposite sex.

(9) Preventative Medicine Inspections / Reporting Procedures. The MDR shall advise the I-I on conditions that adversely affect the health and well-being of the members and make recommendations to correct these adverse conditions and ensure proper sanitation, disease prevention, and safe working conditions per OPNAVINST 5100.8 (Series) and OPNAVINST 5100.23 (Series), along with this Manual, may be used as guides for environmental health, occupational health, and industrial hygiene programs and assessments.

(a) The medical department will monitor the spaces with special attention to overall cleanliness, sanitation practices, and pest control. Corrective action will be reported back to the medical department. All discrepancies and corrective actions shall be reported to the I-I and cognizant Inspector – Instructor.

(b) MANMED Chapter 22 and NAVMED P-5010 contain specific guidance regarding these functions.

(c) The MDR will make frequent informal visual inspections. Although such inspections should be conducted daily, the frequency may be at the discretion of the I-I. The MDR will report all practices and conditions that may have an adverse effect upon sanitation and the health of personnel and advise the I-I in these matters accordingly.

(10) Tuberculosis (TB) Control Program. A TB control program shall be conducted in accordance with BUMED INST 6224.8 (Series) Tuberculosis Control Program.

(a) Guidance for TB testing upon entry into naval service, upon receipt of orders to a commissioned vessel, and before separation is provided in BUMEDIST 6224.8 (Series).

(11) Malaria. Refer to the following documents for guidance and instruction:

(a) NAVMEDCOMINST 6230.2 (Series) – The Navy Medical Department Guide to Malaria Prevention and Control.

(b) All units scheduled for deployment shall schedule a pre-deployment briefing with the MDR far enough in advance of deployment to allow for procurement of recommended chemo prophylactic agents. The MDR shall contact the local Navy Environmental & Preventive Medicine Unit (NEPMU) for guidance. If there is no local NEPMU contact MSC for guidance.

(12) Rape/Sexual Assault. All victims of rape/sexual assault shall be referred to the local civilian hospital, and the Sexual Assault Prevention and Response (SAPR) representative notified immediately. In all cases of alleged rape, compassion and understanding should be shown any victim since the emotional insult can be even more damaging than the physical injuries. Refer to the Marine Corps SAPR website for further guidance.

(13) Medical Waste Management. The proper processing and disposal of medical waste is of particular importance. Each Medical Department will establish an official guidance for handling waste generated by the Medical Department. If available, medical waste is disposed of through the local MTF, otherwise a contract with a local medical waste company must be established. Medical waste, according



to OPNAVINST 5090.1 (Series) Chapter 27 can be divided into two categories: potentially infectious and non-infectious waste. The following information provides basic definitions and guidance.

(a) Potentially infectious waste will be handled and disposed of using universal safety precautions. Medical departments will take the following actions:

1. Waste will be double-bagged in biohazard bags and stored in a secure area until disposed of properly.
2. Used sharps will be collected in sharps containers and retained in a secure area until disposal. To avoid creating potentially infectious aerosols, needles will not be clipped. Similarly, to avoid the infection hazard of needle sticks, needles should not be recapped.
3. Medical Department personnel will conduct quarterly inventories of disposal material (containers, bags, etc.) to ensure adequate stock levels are maintained.
4. Categories of potentially infectious waste are as follows:
 - a. Cultures and Stocks of Infectious Agents and Associated Biologicals Specimens form medical and pathology labs. Cultures of infectious agents; disposable culture dishes and devices used to transfer, inoculate and mix cultures; discarded live and attenuated vaccines.
 - b. Human Blood and Blood Products. Waste blood, serum, plasma, and blood products; used blood tubes (empty) and blood collecting and dispensing bags and associated tubing.
 - c. Sharps. Needles, syringes, scalpel blades, Pasteur pipettes, specimen slides, broken glass potentially contaminated with infectious material.
 - d. Unused. Unused medical material if they can be used in diagnosis, treatment laboratory testing or training.

(b) Non-infectious waste. This category includes disposable medical supplies and materials that do not come under the category of infectious waste. Non-infectious waste will be treated as general waste and does not require special handling.

(c) Note. The MDR will maintain records regarding Medical waste disposal for three years (two plus current year).

(14) Industrial Hygiene and Occupational Health. All levels of command will implement and manage the Navy Occupational Safety and Health (NAVOSH) Program per the policy, procedures, actions and guidance in OPVANINST 5100.23 (Series).

(15) Health Readiness

(a) Composite Health Care System (CHCS). CHCS is designed to support the administration and delivery of health care in Department of Defense (DoD) MTFs including hospitals, outlying medical clinics, and selected outlying dental clinics. CHCS supports most functions of the numerous administrative, patient care, and ancillary work centers of the MTF. It also facilitates the communication of information among the departments within each MTF. See Naval Medical Center Portsmouth CHCS website for reference.

(b) An authorized user may perform such functions from any CHCS terminal, with the benefit of immediate access to shared, integrated data accumulated by the CHCS.

(c) CHCS authorized users may communicate automatically with selected external computer systems such as the Defense Eligibility Enrollment Registration System (DEERS).



(d) MDRs may use CHCS primarily for mini registrations and ordering laboratory phlebotomy exams where authorized.

(e) All IDC assigned as I-I MDRs not in locations where they are unable to obtain/utilize CHCS access should contact the nearest MTF for additional guidance on obtaining access.

(16) Medical Boards. A medical board may be convened by the personnel specified in MANMED Chapter 18 for any member of the Marine Corps reserve upon recommendation of the MO of the command to which the member is attached. This does not prevent a unit CO from requesting a medical board for fitness for duty from authorized medical facilities. Detailed instructions on medical board procedures are in MANMED Chapter 18. For further detail on medical boards associated with Line of Duty (LOD) refer to Section 6.4 of this manual.

(17) Competence for Duty Examinations. In cases involving possible alcohol intoxication, drug abuse, medication reactions, or other unusual exposures or circumstances; it must be determined if the individual concerned is competent to perform duty. BUMEDINST 6120.20 Series provides detailed instructions on procedures and forms to be used to conduct and document a competency for duty examination. Examinations will only be performed by the written request of the I-I duty designated representative using NAVMED 6120/1. This form must accompany the member to the treatment facility for the attending physician to complete (Sections 13-48). Whenever possible, a MTF should be used. In cases when a MTF is not available, then a TRICARE facility that provides care for AC personnel should be used.

(18) Note. Regardless of whether or not body fluid specimens are obtained, a medical provider is required to render an opinion, based on examination, as to whether or not the subject is under the influence of alcohol, drugs, or other incapacitating substance and whether or not the subject is fit to perform the duties of his or her rank or rate.

(19) PHA. All PHAs will be conducted and reported per SECNAVINST 6120.3 and medical department personnel should become thoroughly familiar with this reference as it pertains to type and frequency of all officer and enlisted physical. PHAs shall be conducted annually, and filed in section III of the HREC. See section 6.3.5.2 of this MDR guide with regards to Demobilization Physicals.

(20) Mental Health Evaluations. Referral of individuals to a mental health provider will be in strict compliance with DoD Instruction 6490.04 and BUMED INSTRUCTION 6100.9.

(a) Refer members that have a history of deployment Psychological Health Research Program (PHOP) as needed.

(b) See section 11.1 in reference to Mental Health Assessments.

(21) Laboratory Services. Medical departments will maintain required laboratory equipment and supplies in accordance with the types of exams capable of being performed at that specific facility. The following guidelines are applicable to all medical departments unless otherwise indicated.

(a) Storage. Equipment items will be stored properly when not in use. Supplies will be stored with regard to temperature requirements and/or hazardous qualities. Refrigerated items will be stored with other biological and medicinal products at a temperature range of 36-46°F or at recommended manufacture guidelines. Special attention should be exercised to ensure that no conflicting temperatures compromise the product.

(b) SOP. To ensure standardization of testing procedures, all MDR's must maintain an SOP containing guidance for all laboratory procedures that the department is capable of conducting. The SOP also provides a valuable tool for training other members of the department.



(c) Immunizations. The purpose of the Immunization program is to protect personnel from vaccine-preventable diseases, across the spectrum of peacetime, contingency, and wartime situations. BUMEDINST 6230.15 (Series) states that the standard is to have current versions of DoD information brochures or Center for Disease Control (CDC) Vaccine Information Sheets (VIS) provided before immunization and posted in waiting areas. Documentation of the VIS version and date given must be given to member and recorded in the medical record. Legal requirements for VIS are as follows:

(1) Before a vaccine is provided to anyone, MDR's shall provide a copy of the most current VIS available for that vaccine.

(2) The MDR must record in the patient's record the VIS version date (at the bottom of the VIS).

(3) Immunization storage and handling must adhere to Cold-Chain Management principles, including transportation and storage. A temperature monitoring process must be used. The MDR shall ensure that the POC information is posted, on the outside of the refrigerator, in case the temperature goes out of the acceptable range. The acceptable temperature range is as follows:

(a) Refrigerator 2- 8°C (35-46°F)

(b) Freezer - 15°C (5°F) or less

(4) Immunizations and Specific Requirements for Military Personnel

(a) Routine (Including Basic Training)

(b) Hepatitis A - 2 doses (day 0, 6 months)

(c) Hepatitis B - 3 doses (day 0, 1 month, 6 months)

(d) Influenza - annual

(e) Tetanus-diphtheria-(pertussis)-every 10 years throughout life

(f) Varicella - 2 dose, 1 month apart (unless titer or illness)

(5) Specific to Basic Training.

(a) MMR - 1 dose

(b) Meningococcal - 1 dose

(c) Polio - 1 dose

(6) Travel (Check Detailed Reference Books)

(a) Typhoid – capsules or injection

(b) Rabies – selected destinations, plus veterinary occupations

(c) Anthrax and Smallpox – according to DoD policy, (see below references)

(d) Note: Anthrax and Smallpox immunizations shall not be maintained at the I-I site Medical Dept. Additionally, MARFORRES activities shall not order these immunizations for use. For activities that have open vials, continue to use until vials are exhausted of contents. Unopened vials shall be redistributed to supporting/surrounding Navy MTF's.



(7) Immunization Information Resources

- (a) DoD Anthrax policy
- (b) Immunizations and Chemoprophylaxis BUMEDINST 6230.15B (Series)
- (c) World Health Organization (WHO)
- (d) Center for Disease Control and Prevention (CDC)
- (e) Defense Health Agency (DHA), Immunization University (ImzU) and Project Immune Readiness, Learning Management System (LMS).

(8) Core Immunization Program Requirements of MDR's and Annual Training of HM Administering Vaccinations

- (a) MDR's shall maintain a copy of the written appointment letter of the privileged physician (MSC Surgeon for example) with medical oversight of their unit's Immunization Requirements and the Vaccination Program.
- (b) MDR's shall maintain an appointment letter as the Immunization Program Coordinator (health care provider), with administrative oversight of daily immunization activities, under the direction of the privileged physician.
- (c) SMDR's shall obtain appointment letters as an immunization program leader. The Immunization Program Leaders Course is a two day course designed to ensure credentialed healthcare providers, clinical managers, and other senior leaders understand responsibilities for the successful management of an immunization program. SMDR's can enroll via DHA Immunization University, and must have obtained a valid certificate of course completion prior to their appointment.
- (d) SMDR/MDR's appointed as the Immunizations Program Coordinator or the Immunization Program Leader are responsible for planning all vaccination program events by coordinating with their appointed privileged physician to ensure emergency medical response is available during vaccination events and supporting medical Staff are trained in accordance with this manual.
- (e) All HM administering vaccinations are responsible for reviewing and adhering to the eight standards for military immunizations, available at DHA Immunization University under the "Guidelines" section.
- (f) All HM administering vaccinations will complete a minimum of eight hours of continuing education by register with the Project Immune Readiness, LMS (<https://vhcprojectimmunereadiness.com>) and the DHA, Immunization University (<https://www.vaccines.mil/Training>) to complete the following six Core Courses of immunization orientation and training annually:

- (1) Anaphylaxis Module
- (2) Competency Update Module
- (3) Introduction to Vaccination Module
- (4) Quality Assurance and Standards for Military Immunization: Intro
- (5) Vaccine Storage and Handling Module



only.

(6) Vaccine Adverse Event Reporting System (VAERS) *Available on ImzU webcast

(g) All HM administering vaccines will complete the DoD Seasonal Influenza Vaccine Training, available at the DHA, Immunization University.

(h) MDR's shall order annual Influenza by utilizing the Vaccine Information and Logistics System (VIALS). Submitting units are responsible for validating population data and influenza products in order to accurately generate requirements for their area of responsibility (Example: Battalion Chiefs or SMDR's are responsible for ordering and storing for companies with gapped MDR billets). Units should order vaccines based on their anticipated location when deploying or conducting annual training during July and September. In addition, VIALS requires MDR's to specify whether or not the unit has the required cold chain management capability (Influenza cold chain management available at DHA, Immunization University website).

(i) MDR's shall report all VAERS submissions per the training module. Additionally, MDR's appointed as Immunization Program Coordinators or Immunization Program Leaders shall notify MARFORRES HSS (via OMB_MARFORRES_HSS@usmc.mil), with-in 24 hours of a submitted VAERS report.

(9) Deoxyribonucleic Acid (DNA). The sample is collected and sent to the Armed Forces Repository of Specimen Samples via a traceable source of delivery. When the sample is collected this should be documented on the DD 2766 in the HREC. 30-60 days after sample collections, the MDR will ensure that MRRS reflects both the DNA sample collection and verification dates. Questions concerning collection procedures and supply orders/reorders should be directed to the Armed Forces Repository of Specimen Samples for the Identification of Remains (FRSSIR) at commercial telephone number (302)346-8900 or DSN 366-8900, Commercial facsimile (302)346-8637 or email: AFRSSIR@afip.osd.mil.

(10) Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) Testing. Documentation of G6PD is an Individual Medical Readiness (IMR) requirement per BUMEDINST 6110.14. Results should be permanently documented as positive or deficient in the health record and on the deployable health record per MANMED Chapters 15-5 and 16-63. G6PD deficient members may exhibit non-immune hemolytic anemia in response to a number of causes, and therefore should not be given the anti-malarial drug Primaquine. If a G6PD-deficient person has had a significant, prolonged exposure to malarial parasites that have a liver stage (for example, *Plasmodium vivax*, *Plasmodium ovale*) and it is determined that they must receive primaquine, provide primaquine only under the direct supervisory care of the treating physician.

(11) Sickle Cell Testing. Documentation of sickle cell testing is an IMR requirement per BUMEDINST 6110.14. Results should be permanently documented as positive or negative in the health record and on the deployable health record per MANMED Chapters 15-5 and 16-63. It is a disease, inherited blood disorder that affects red blood cells. People with sickle cell disease have red blood cells that contain mostly hemoglobin* S, an abnormal type of hemoglobin. Sometimes these red blood cells become sickle-shaped (crescent shaped) and have difficulty passing through small blood vessels.

(12) Human Immunodeficiency Virus (HIV) Testing. Management and testing of HIV will be conducted in accordance with SECNAVINST 5300.30 (Series). HIV testing is currently required every two years for all personnel unless deploying. Personnel deploying should receive an HIV test 90 days prior to departure and upon return. MDRs will utilize the HIV Management Service, found under the "Medical Entry" tab on the MRRS homepage, to process and submit HIV tests collected during the Reserve Health Readiness Program event request.



Chapter 5

DENTAL READINESS

1. General

a. In the absence of a Dental Department, it is the duty of the MDR to promote and arrange for the necessary dental exams for personnel. The MANMED Chapter 15 provides detailed guidance for the management of the dental readiness program.

b. Reservist dental screenings are conducted annually in conjunction with their physical examination. MDRs without a Dental Officer (DO), or the ability to schedule a DO visit, will arrange for examinations with the nearest dental facility per established policies. MDRs may utilize the RHRP for group events or individual exams. For additional information on RHRP, refer to Chapter Seven of this Manual.

c. Utilization of the Reserve Force Dental Exam form DD 2813 is an alternate examination option. The DD 2813 was designed for the RC member to receive the required Type II dental exam from their civilian dentist. The DD 2813 can be used for two consecutive years before a military exam is required.

d. A service member who is Dental Class I or II is considered worldwide deployable. A service member who is Dental Class III or IV compromises unit combat effectiveness, is considered increased risk to experience a dental emergency, and is not regarded to be worldwide deployable.

e. New accessions (Non-Prior service joining the Reserves) shall have a Type 2 dental examination within the first year of enlistment in the Marine Reserves. These personnel shall not be placed TNDQ in the first year of their enlistment. New accessions that are Dental Class III at the beginning of their second year of enlistment will be placed on TNDQ status.

2. TNDQ. A service member who is Dental Class III or IV compromises unit combat effectiveness, is considered at increased risk to experience a dental emergency, and is normally not regarded to be worldwide deployable. SMCR personnel are placed in TNDQ status when an oral condition is identified that is expected to result in a dental emergency within 12 months if not treated.

a. Members shall not be transferred into the IRR while in an active TNDQ status. Members shall be retained in their unit, except where precluded by policy (i.e. High Year Tenure, Unsatisfactory participant) or written approval from COMMARFORRES.

b. MDR shall assign TNDQ drill or non-drill status per I-I direction. I-I's must be made aware of all recommendations for TNDQ as the decision to assign drill or non-drill is at his/her discretion.

c. Management of TNDQ. For all TNDQ cases:

(1) Ensure S-1/Administration department assigns Strength Category codes.

(2) Log into MRRS and open a TNDQ case, then complete the TNDQ Page 11 form (See Appendix D).

(3) Document TNDQ counseling on NAVMAC 118(11) (Page 11) (See Appendix E). This allows Reservists up to 180 days in a TNDQ status to complete required dental work at no expense to the government. Ensure you counsel and encourage Sailors on the benefits of the TDP. Sign as the MDR and make two copies. Provide a copy to the member and retain one for the case file.

(4) File MRRS-generated SF 600 in Section II of HREC/DREC with documentation of condition(s) identified.



(5) Give the member a NAVMED 6600/12, for treating physician to document dental treatment and serve as monthly dental updates.

(6) Update the "TNDQ" tab in MRRS.

(7) MDR shall update the member's dental record and create a separate case file to track the progress of the case. Use a four-part folder and place the member's identification information on the folder. On the outside of the folder, write the following: On the outside of the folder, write "TNDQ Date" and "Date Closed".

(a) Section I –Case Notes (template). Document all communication efforts that you have regarding the case, to include phone calls and emails.

(b) Section II – NAVMAC 118(11) (Page 11).

(c) Section III – TNDQ Releasing Page 11 and SF600 placing member in status. File. (See Appendix E).

(d) Section IV – Official Correspondence. Place all correspondence related to status in this section. Retain return receipt with corresponding letter, if applicable.

d. Case Management. Members in TNDQ status must provide monthly dental update. (Note: Civilian dental offices may not be able / willing to provide monthly updates. In these cases, a dental treatment plan and monthly communication from the member to the MDR must be obtained to maintain satisfactory participation status.) The member may provide a dental progress update via the NAVMED 6600/12. Ensure the dental record, TNDQ case file and MRRS are all updated. (For MRRS updates provide a brief synopsis of the treatment in the status tab)

e. Non-Compliance Procedures. If a member fails to provide monthly treatment updates as directed, a non-compliance letter of TNDQ status should be sent to the member via certified mail. Final notification should allow member 30 days to provide requested dental treatment/update. MDR must exercise sound judgment in commencing noncompliance procedures when appointments are limited or when member is enrolling in a dental program. See section 6.4.1.4. for other non-compliance items.

f. Administrative Separation Process. If an enlisted member does not respond to the non-compliance letter after 30 days, begin the administrative separation process for unsatisfactory participation per Marine Corps Order (MCO) 1001R.1K. Per MCO 1001R.1K, as required, Selected Reserve personnel will be afforded a screening by appropriately credentialed provider prior to Involuntary Administrative Separation (ADSEP) to ensure that Traumatic Brain Injury and/or Post Traumatic Stress Disorder (PTSD) were not contributing factors in the conduct forming the bases supporting the ADSEP action.

g. Extension Request. At the 150-day mark, request an extension if the member's recovery is anticipated to last longer than six months but less than 12 months. Provide a reason for the extension and a current status on the member. MARFORRES HSS will make the extension determination. Extension requests beyond the 180-day mark will generally be denied. All requests for extensions of TNPQ/TNDQ shall be submitted up the Chain of Command to MARFORRES HSS for approval using the TNPQ or TNDQ module of MRRS. No extension shall be granted beyond 365 days without the approval of COMMARFORRES via MARFORRES, Force Surgeon.

h. Release from TNDQ Status

(1) When a member has completed the required dental work, he or she must be reevaluated by a DO for release from TNDQ status. If the member is cleared by the DO, do the following:

(2) Make a copy of the exam and place the copy in the case file; the original is placed in HREC/DREC.



(3) Update the "Update" tab in MRRS and enter the closure date.

(4) Complete the TNDQ Releasing Page 11 and make a copy. Place the copy in the case file and give the original to S-1 for inclusion into the MCTFS. The S-1 Department must clear the Strength Category Code.

i. Orthodontic Appliances and Orthognathic Treatment. Member's undergoing Orthodontic Appliance (Braces and/or Orthognathic treatment (Surgical Jaw Repositioning), will adhere to the following:

(1) Non-prior service members undergoing active orthodontic/orthognathic treatment, cannot be enlisted or attend Initial Active Duty Training (IADT).

(2) RC personnel who decide to undergo active orthodontic treatment and/or combined orthognathic treatment are required to notify their unit I-I's and the supporting site MDR. The MDR shall then counsel the member on the Navy's recall and deployment policy of RC members who choose to undergo this treatment, utilizing the NAVMAC 118(11) (Page 11).

(3) Refer to Expeditionary Medical Screening Checklist (NAVMED 1300/4) and specific Area of Responsibility (AOR) requirements for restrictions on orthodontic appliances.

(4) Members undergoing active treatment shall not be placed TNDQ nor are they to be classified as dental class III. Member can be dental class I or II and be under active treatment.

(5) Specific deployment requirements will dictate if members who execute active duty orders greater than 29 days are required to have their active orthodontic treatment (braces) deactivated. The member's treating dentist or orthodontist must certify that the member's orthodontic appliances have been placed in a stabilized and deactivated status.

(6) Members choosing to undergo combined orthodontic/ orthognathic treatment shall be placed TNDQ-Non-Drill status until an oral surgeon has certified all surgical devices have been removed and adequate healing of the bones and jaw have occurred.



Chapter 6

PHYSICAL QUALIFICATIONS AND DEPLOYMENT LIMITING CONDITION

1. Physical Qualifications and Deployment Limiting Condition. The purpose of this chapter is to establish procedures for management and disposition of deployment limiting conditions for SMCR personnel and consolidate policy concerning injury case management for retention and deployment issues. The MDR shall recommend a member with deployment-limiting condition be placed in the appropriate injury status. Guidelines for identifying and processing individuals with retention or deployment limiting conditions (i.e. TNDQ, TNPQ, and NPQ, are contained in the MCO 1001R.1K.

a. Policy. Marine Corps Reservists are required to meet physical qualifications for retention in the Reserves according to MCO 1001R.1K. These standards are also set forth in the MANMED, DODINST 6130.3, and MOD 12 to United States Central Command (USCENTCOM) Individual Protection and Individual/Unit Deployment Policy. All Drilling SMCR personnel are responsible for notifying their unit CO, within five working days of any physical/dental illness or injury. Failure to notify the CO may result in administrative action per the Marine Corps Reserve Administrative Management Manual (MCRAMM).

b. General Responsibilities

(1) I-I Commanders shall

(a) Monitor their SMCR personnel with deployment-limiting conditions on a monthly basis and place those members in appropriate injury status (TNPQ, TNDQ, NPQ or LOD).

(b) Assume overall responsibility for management of TNPQ, TNDQ, NPQ or LOD cases within their cognizance.

(c) Ensure SMCR personnel comply with MCO 1001R.1K. (SMCR personnel with deployment-limiting condition(s) who fail to comply shall be processed for administrative separation per MCO 1900.16 of the Marine Corps Separations and Retirement Manual).

(2) I-I MDRs shall

(a) Assist the I-I in the management and disposition of physical qualifications, deployment-limiting conditions and LOD injuries or illness.

(b) Make drill/non-drill recommendations to the I-I, who shall make the final determination.

(c) Be familiar with this Manual, references, enclosures, and associated forms. During annual record verification and PHAs, MDRs shall screen personnel and their HRECs/DRECs per SECNAVINST 6120.3 using the MANMED, DODINST 6130.3, MOD 12 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy, to determine if medical conditions exist which may delay or preclude performance of regular drill, required annual training, or mobilization. MDR shall recommend personnel with deployment-limiting condition be placed in appropriate injury status, based on the MO or civilian providers plan of care and treatment. The I-I shall review the recommendation and authorize assignment of injury status.

(d) Use MRRS to ensure timely submission and proper tracking of personnel with identified retention or deployment-limiting conditions. Proper tracking is essential to ensure personnel are returned to FFD status as soon as possible, and to ensure the member is given every opportunity to be retained in drilling status.

(e) Make contact monthly with personnel who have identified retention or deployment-limiting condition(s) and document contact in MRRS via "Status" tab.



(f) Provide I-I a bi-monthly update for all personnel in a TNPQ, TNDQ, NPQ or LOD status.

(g) Members in a TNPQ status are eligible for Active Duty for Training (ADT) but it cannot be greater than 30 days per MCRAMM. Members in a NPQ status are not permitted to performed AD or IDT while in an NPQ status.

3. Identifying Deployment Limiting Conditions. Individual assessments for future deployments will include a review of the member's medical history and administrative issues (e.g., pregnancy, medical or dental problems impacting any potential future deployability issues or health concerns). To be deployment ready, AC personnel should not be on limited duty, undergoing a Physical Evaluation Board (PEB), pregnant, or in the postpartum period. SMCR personnel who are in a "NOT MEDICALLY READY" IMR status are considered not deployable. Strength Category codes should reflect the service member's status. Current screening measures shall be used as opportunities to evaluate personnel for deployment suitability and to rule out disqualifying physical or mental health conditions. Personnel identified for Mobilization must receive prompt medical screening for mobilization.

a. During the Annual Record Review or PHA

(1) Review responses recorded on DD 2807-1 and DD 2697. Make note of all potentially disqualifying conditions reported in these sections of the health history. Also review the member's entire health record to include: SF-600 notes, including AHLTA, Post-Deployment Health Assessments (PDHAs), Veteran's Affairs (VA) Vista notes when available, and laboratory and imaging studies.

(2) Review MO or civilian provider notes concerning the issues in question recorded on the provider's section of DD 2807-1, DD 2697, SF-600, or VA Vista notes, and/or laboratory or imaging interpretations. Specifically look for diagnosis, prognosis, treatment plan, and functional limitations for each condition.

(3) If there is adequate documentation for each potentially disqualifying condition, determine the need for further evaluation per MANMED Chapter 15. Some conditions are considered disqualifying only if they are current while others are disqualifying if there is history of the condition. When in doubt whether or not a condition noted in the HREC/DREC is disqualifying and MANMED and/or MOD 12 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy is unclear, contact MARFORRES HSS for assistance.

(4) All potentially disqualifying conditions, even those that are no longer current, must be properly documented. If the member has current disqualifying condition(s) or disqualifying history, then a recommendation must be made to the I-I concerning NPQ status. Upon identification of a disqualifying condition, place member TNPQ and collect all necessary information required for NPQ package. Include a note from a military medical officer when available. Once all information is collected, a determination must be made to continue TNPQ status or change to NPQ. NPQ packages are required for all conditions expected to persist beyond 180 days, chronic conditions requiring maintenance medication, or conditions related to health history.

(5) Upon review of the member's PHA, if member must provide additional information or be further evaluated, mark "Yes" on the reverse side of PHA form NAVMED 6120/4 to indicate member requires follow-up to complete PHA. In these cases, place member TNPQ, and collect all necessary information to determine need for NPQ.

(6) Exercise caution when considering medical documentation from civilian providers to determine resolution of existing medical condition(s). When feasible, all civilian provider recommendations for clearance should be evaluated by a military medical officer. In cases where no supporting medical officer is available, MDR shall consult the MARFORRES Force Surgeon, via MARFORRES HSS, when there is a question concerning the determination of fitness by the member's civilian provider.



b. Marine Corps Physical Fitness Test (PFT) and Combat Fitness Test (CFT)

(1) Close attention must be given to personnel requesting waiver for the PFT/CFT. When a service member cannot perform the PFT/CFT, it may indicate a disqualifying condition.

(2) Obtain SF-600 recommendations for TNPQ from the waiver authority MO based on the condition limiting PFT/CFT performance to accompany the Waiver SF-600 for that PFT/CFT cycle. Assign TNPQ for all disqualifying conditions.

(3) When TNPQ is assigned for a PFT/CFT performance-limiting condition, performance of the fitness test should be resumed prior to clearance from TNPQ status. Personnel placed in this status due to inability to perform fitness testing should not be cleared from TNPQ until they are able to resume PFT/CFT performance.

c. Injury While in a Duty Status

(1) LOD Program. The LOD Program may provide Medical and/or Dental Care, Incapacitation pay, and/or process through the PEB to eligible Reservists who incur or aggravate injuries, illnesses, or diseases during a duty status. Eligibility is established per SECNAVINST 1770.4 and MCO 1770.2A. Duty status includes but is not limited to Mobilization, (refer to the MCRAMM) AT, ADT, ADSW, IADT, IDTT, and IDT. The Benefit issuing authority is CMC, Wounded Warrior Regiment (WWR) / Reserve Medical Entitlements Determination (RMED) section.

(2) MDRs shall refer to the MCMEDS User Guide and the MCMEDS website for preparation of a LOD request. LOD cases will be submitted to CMC higher echelon activities for review. Where practical, Battalion and Regimental activities will review packages for completion and submittal to the RMED section within five business days of receipt.

(3) RMED will review the LOD request and determine whether the member's medical condition was incurred or aggravated during a duty status.

(4) Managing a LOD Case. MDRs shall use the MCMEDS User Guide and the MCMEDS website to assist them in the care and disposition of SMCR personnel. SMCR members approved for LOD medical and/or pay benefits, which remain compliant, are entitled to these benefits for specified periods until they have been found Fit for Full Duty (FFD). These cases are processed through the MCMEDS reporting system, until their case has been closed and archived.

(5) While in LOD status, the SMCR member is not required to perform IDT due to LOD and may be marked absent with the appropriate I-I comments.

(6) Members shall not be transferred to the IRR while in active LOD status. Members shall be retained in their unit, except where precluded by policy (i.e. High Year Tenure, unsatisfactory participant) or with written approval from CMC (WWR/RMED).

(7) Non-Compliance Procedures. The MDR is required to send a certified Letter of non-compliance if the member fails to provide monthly medical updates to the MDR for submittal in the MCMEDS reporting system. Members shall be given 30 days to respond to letter, after which the LOD case will become "Suspended" after 90 days of inactivity. If the LOD case remains suspended for an additional 40 more days of inactivity the case becomes "Inactive".

(8) Medical Conditions not resolved while in the LOD Program. All personnel with medical condition(s) not resolved by the LOD:



(a) For cases where LOD closure is indicated due to end-of-active treatment but physical or mental condition(s) is/are of a permanent nature, i.e. meniscus surgical repair, carpal tunnel syndrome well-controlled, or PTSD well-controlled, the MDR shall request, via e-mail message from MARFORRES HSS that the service member be placed in an NPQ status upon closure of the LOD case. If approved, the previous LOD case will be converted to an NPQ package (email encrypted) and forwarded to MARFORRES HSS for further determination and processing. (See the NPQ section of this manual).

(b) For cases where personnel in LOD status are considered "Not Fit for Retention" due to LOD condition, initiate Medical Board prior to closure of LOD. (See the PEB section of this manual)

(9) Refusal of LOD Program. If the member does not wish to use benefits from the LOD program, have the service member complete page 11 LOD Refusal (found in MCMEDs under forms, login required). If the member is diagnosed with a disqualifying condition, and refuses the LOD, recommend TNPQ status while member receives evaluation and treatment. Follow the directions below for Management of TNPQ as in any other case.

4. Injury While not in a Duty Status. Marine Corps Reservists not in a duty status who are injured or develop a potential physically disqualifying condition are categorized as TNPQ or NPQ. The TNPQ/NPQ program is used to monitor personnel with injuries or illnesses that are not service related.

a. TNPQ. TNPQ status results from an injury or condition that is expected to be corrected or healed within six months. SMCR Marines will normally remain assigned to the unit while TNPQ (fewer than 180 days). Examples of injuries or conditions for which a member would be TNPQ include, but are not limited to, the following: simple fractures, complicated pregnancies, minor surgical procedures, hernia repair, appendectomy, severe strains or sprains.

(1) Management of TNPQ. The I-I may assign TNPQ status to SMCR personnel with a physical disqualification per MCO 1001R.1K. The site MDR must verify that the prognosis for recovery is less than six months and make the recommendation to the I-I of the service member's assignment to TNPQ status. Additionally, the MDR must assign TNPQ as drill or non-drill based on the MO or civilian providers plan of care. Final authority to authorize the SMCR Marine as TNPQ drill or non-drill is the I-I responsibility.

(2) For all TNPQ Cases:

(a) S-1/Administration department shall assign Strength Category Code. MDR shall notify S-1.

(b) Open a TNPQ case in the MRRS under the "Injury Management" tab, complete the TNPQ Page 11 form (See Appendix D).

(c) Document TNPQ counseling on the TNPQ Page 11, indicating "Drill" or "Non-Drill" (See Appendix D). Counsel and encourage SMCR Marines to participate in the benefits of the TRICARE Reserve Select (TRS) Program utilizing the TRS website.

(d) File a copy of the MO or civilian provider's plan of care and treatment in section II of health record with documentation of condition(s) identified. Ensure member is assigned correct drill status on the TNPQ Page 11: Drill or Non-Drill. DD 2766 page three shall be updated to reflect initial date of TNPQ and NPQ status.

(e) Create a Case File separate from the health record to track TNPQ case. Use a four-part folder and place the member's identification information on the folder. On the outside of the folder, write the following: "TNPQ Date" and "Date Closed".

1. Section I – Case Notes (template). Document all communication efforts that you have regarding the case, to include phone calls and emails.

2. Section II – TNPQ Drill or Non-Drill Page 11.



3. Section III – File medical updates chronologically with TNPQ Page 11 on the bottom. Once the member is cleared from TNPQ status, a copy of the TNPQ Releasing Page 11 is filed on top.

4. Section IV – Official Correspondence. Place all correspondence related to TNPQ status in this section. Retain return receipt with corresponding letter, if applicable.

(f) Retain member in their assigned unit per MCO 1001R.1K. Members shall not be transferred to the IRR while in active TNPQ status, except where precluded by policy (i.e. High Year Tenure, unsatisfactory participant) or with written approval from COMMARFORRES. However civilian employment exceptions to transfer may be executed regarding SMCR, personnel in a TNPQ status, provided the gaining command agrees to such a transfer. Additionally, SMCR personnel are not eligible for inter-service transfers until they are found FFD per MCO 1001R.1K.

(g) SMCR personnel must submit monthly medical treatment documentation to the MDR supporting that site. The MDR shall update the member's medical record, case file and MRRS TNPQ profile monthly. This update must include diagnosis, prognosis, restrictions/limitations, and anticipated date of return to full duty. Notes provided on a prescription pad do not constitute as medical treatment documentation.

(3) TNPQ Extension. In the event that a member's TNPQ status will exceed 180 days, an extension may be requested from MARFORRES HSS using the MRRS "TNPQ Update Extension" tab. Requests for extension must be initiated at the 150-day mark to allow MARFORRES HSS adequate time to review and respond. Extension requests filed after 180 days and/or without monthly updates will generally be denied.

(a) All requests for extensions of TNPQ/TNDQ shall be reviewed by the Battalion/Regimental medical Chain of Command, where practical, prior to submitting to MARFORRES HSS for approval. MDRs shall use the TNPQ or TNDQ extension module of MRRS. No extension shall be granted beyond 365 days without the approval of Chief of Staff, MARFORRES.

(b) If the extension is approved, retain member in a TNPQ status and continue monthly monitoring.

(c) If the extension is disapproved, follow MARFORRES HSS disposition instructions. Write "Date of Extension Denial" and "Date Converted to NPQ" on outside of the Case File. Follow NPQ case management guidelines.

(4) TNPQ Non-Drill Status. Personnel assigned TNPQ Non-Drill status may be granted authorized absences for a maximum of 180 days. MDRs shall provide a monthly status report to the SMCR Marines unit I-I.

(5) Non-Compliance Procedures. The MDR is required to send a certified Letter of Non-Compliance if the member fails to provide an update by the end of each month while TNPQ. If the member does not respond to the letter after 30 days, forward the case to the S-1/Administrative Department for Administrative action, to include ADSEP processing for unsatisfactory participation per MCO 1001R.1K. Ensure the S-1/Department changes the member's Separation Program Designator Code of JFR3 upon initiation of Administrative action.

(6) Release from TNPQ Status. Release from TNPQ status. When a member is cleared by the treating physician, make a copy of the return to Full Duty form (with official letter head) and make the following SF-600 entry: "Member completed treatment plan and was released from care by Primary Care Manager. Member released from TNPQ status".

(a) Make a copy of the SF-600 and place the copy in the case file; the original is placed in HREC.



(b) Close TNPQ case in MRRS.

(7) Complete the TNPQ Releasing Page 11 and make a copy. Place the copy in the case file and give the original to the S-1/Administration Department to complete a unit diary entry. The S-1/Administration Department must clear the Separation Program Designator Code of JFR3.

5. Marine NPQ. If a potentially disqualifying condition is discovered, the MDR will notify the I-I and place the member in a NPQ status. NPQ status results from an injury/condition that is not expected to be corrected or healed within 180 days or within the approved TNPQ extension. Marine Corps Reservists will normally remain assigned to the unit while in a NPQ status. Examples of injuries or conditions for which a member would be NPQ include, but are not limited to:

- a. Hypertension
- b. Elevated Cholesterol
- c. Abnormal pap smears
- d. Migraine headache
- e. Gastroesophageal reflux disease (GERD)
- f. Severe fractures that may require prosthetic devices
- g. Diabetes
- h. Asthma
- i. Myocardial infarction or heart-related diseases
- j. Cancers or malignancies
- k. Loss of limb or appendage
- l. Current or history of mental health disorders.

6. Management of NPQ. Upon expiration of TNPQ status, MDR will convert to NPQ. The site MDR has 100 days to work with the member and gather documentation for package completion with routing to MARFORRES HSS. MDR shall not delay or extend a TNPQ status to work on NPQ package.

a. MARFORRES HSS will review packages for completion, ensure timely submission of documents into Web wave electronic system, and monitor package timelines to Bureau of Medicine and Surgery (BUMED).

b. Note. Personnel assigned NPQ Non-Drill status may be granted authorized absences for a maximum of 180 days.

7. For All NPQ Cases

- a. S-1/Administration department shall assign Separation Program Designator Code of JFR3.
- b. Open a NPQ case or convert from TNPQ in the MRRS under the Injury Management tab, and complete the NPQ Page 11 form.
- c. Document NPQ counseling on the NPQ Drill or Non-Drill Page 11, respectively. Counsel and encourage SMCR Marines on the benefits of the TRS Program utilizing the TRS website.



d. File the NPQ Page 11 form in Section II of the HREC with documentation of condition(s) identified. Ensure member is assigned correct drill status: Drill or Non-Drill. DD 2766 page 3 shall be updated to reflect initial date of TNPQ and NPQ status.

e. Create a Case File separate from the health record to track the NPQ case. Use a four-part folder and place the member's identification information on the folder. On the outside of the folder, write the following: "TNPQ Date," "Date Converted to NPQ," or "NPQ Date," and "Date of MARFORRES HSS Determination".

(1) Section I – Case Notes (template). Document all communication efforts that you have regarding the case, to include phone calls and emails.

(2) Section II – NPQ Drill or Non-Drill Page 11

(3) Section III – File Medical Updates chronologically with MARFORRES HSS determination, NPQ package, and NPQ Drill or Non-Drill Page 11 on the bottom. Once the member is cleared from NPQ status, a copy of the NPQ Releasing Page 11 and BUMED Classification is filed on top.

(4) Section IV – Official Correspondence. Place all correspondence related to NPQ status in this section. Retain return receipt with corresponding letter, if applicable.

(5) Retain member in their assigned unit per MCO 1001R.1K unless otherwise directed. Members shall not be transferred in the IRR while in active NPQ status, except where precluded by policy or with written approval from COMMARFORRES.

(6) SMCR personnel must submit monthly medical treatment documentation to the MDR supporting that site. The MDR shall update the member's HREC, case file and MRRS TNPQ profile monthly. Once adequate documentation, including diagnosis, prognosis, treatment plan, and functional limitations, has been obtained, prepare NPQ package (email encrypted) for submission to MARFORRES HSS. Package will include: all medical documentation, member's most recent PHA or physical exam, a non-medical assessment, and the CO's request for determination of physical qualification.

(7) Non-Compliance Procedures. The MDR is required to send a certified Letter of Non-Compliance if the member fails to provide required documentation while on NPQ status. If the member does not respond to the letter after 30 days, forward the case to the S-1/Administrative Department for Administrative action, to include ADSEP processing for unsatisfactory participation per MCO 1001R.1K. Coordinate with the S-1/Department changes the member's Strength Category Codes upon initiation of Administrative action.



Chapter 7

PHYSICAL EVALUATION BOARD (PEB)

1. PEB. When an SMCR Marine is assigned a determination NPQ to continue service”, they have the right to request a review by the PEB. Do not confuse the NPQ with the Medical Evaluation Board (MEB) process. Although both processes are evaluated by the PEB, there are distinct differences between the two. Cases that are processed through a NPQ are not service-connected whereas cases that are processed as a LOD are service-connected through the MEB. NPQ cases receive Physically Qualified (PQ) or NPQ for retention findings and receive no monetary benefits.

a. Processing a PEB requires the member complete a LOD the Privileges and Responsibility statement which can be found on the MCMEDS reporting system under frequently used forms. Update tab. If the member feels the medical condition was incurred or aggravated by Marine Corps Service, submit a LOD Determination Request (included in MCMEDS User Guide). Make the following entry in MRRS:

(1) Member states medical condition was incurred or aggravated by Marine Corps Service. LOD initiated; PEB process delayed pending determination”.

(2) If member indicates the medical condition is not related to Marine Corps service, continue with PEB process per MCO 1770.2A and SECNAVINST 1850.4 (Series)

(a) If LOD benefits are granted by WWR/RMED, close the NPQ case until the LOD condition is resolved or the member has been processed through the Integrated Disability Evaluation System (IDES). IDES procedures are outlined in MANMED Chapter 18, and SECNAVINST 1850.4 (Series).

(b) If LOD benefits are denied, obtain the member’s intentions in writing. The member has 60 days from the date of the letter to submit an appeal. After 60 days or if the member forgoes his or her appeal rights to the Office of the Judge Advocate General (OJAG) for LOD benefits, the MDR and service member may continue the NPQ PEB process. Refer to the SECNAVINST 1850.4(Series) for additional information pertaining to appeals to OJAG. You cannot resume the NPQ PEB process until the appeal process is complete.

(3) Obtain the forms outlined in the PEB checklist

(a) Make sure that all enclosures are included with the original retention package.

(b) The Non-Medical Assessment (NMA) should be completed within 15 days upon request.

(4) Forward the (email encrypted) package to MARFORESS HSS for review and endorsement.

b. Upon Receipt of PEB Determination, update MRRS

(1) If the PEB finds the member fit for continued service HSS will forward the request to Headquarters Marine Corps (HQMC) for appropriate action

(2) If the PEB finds the member unfit for continued service, follow these steps:

(a) Enter the findings in MRRS under the “PEB” tab and close the case.

(b) Place a copy of the PEB findings in Section III of the HREC and in the case file.

(c) Forward the determination to HQMC for admin processing.



2. Coordination. Communication between the I-I MDR, MCTFS program manager, and the S-1/Administrative Department is essential to ensure personnel with deployment-limiting conditions are properly tracked and processed expeditiously. MDR's shall keep a record of all communication, maintaining signed source documents, received by their S-1/Administration department. This may include (but not limited to) documenting all HREC/DREC transfers and processes, as well as documenting Marines placed TNPQ/NPQ/TNDQ or LOD.



Chapter 8

RESERVE HEALTH READINESS PROGRAM (RHRP)/LOGISTICS HEALTH INCORPORATION. (LHI)

1. RHRP/LHI

a. The DoD, along with Force Health Protection and Readiness developed a program to support RC Force Readiness. RHRP is executed by LHI and is available to all Reserve commands including the Army Reserve and National Guard, Air National Guard, Navy Reserve, MARFORRES, and United States Coast Guard. This program is designed to support the RC readiness mission by providing PHAs, Post Deployment Health Reassessment (PDHRA), and other IMR services that satisfy key deployment requirements.

b. For individual members that cannot attend drill weekend, or lacking requirements for mobilization, this service can be used to obtain required medical/dental appointments needed to meet IMR requirements. MARFORRES HSS directly assists LHI in the coordination and implementation of policies for the Marine Reserve.

2. Group Events

a. LHI Group Events Services

(1) PHA

(2) Dental Exam (w/bitewing x-ray)

(a) PDHRA

(b) Routine Immunizations (Hepatitis A, T/D, Influenza)

(c) Other Immunizations (Hepatitis B, Typhoid, Anthrax, etc.)

(d) TB Screening

(e) HIV, DNA, G6PD, Sickle Cell Screen, Blood Type (blood draw only)

(f) Panoramic X-ray (must include Dental Exam)

b. Ordering Process

(1) I-I MDR's will complete a group event request for services at least 30 day in advance. Ensure that all requests meet the minimum service delivery requirement. (EXAMPLE: Dental exam services require a 50 patient minimum per group event.)

(2) Submit completed group event requests to MARFORRES HSS via your specific MSC leadership when requesting RHRP services. Once your request has been verified, the routed to MSC, and approved by HSS it will be submitted to LHI for authorization.

(3) Approximately two weeks prior to the event an LHI representative will contact the I-I MDR and begin the process of shipping to your site all required supplies and equipment to the site.

(4) The event will take place at the requested location. The location can be off site but cannot be at an MTF or clinic. All services, logistics, and manning will be provided by LHI in advance.

(5) An After-Action Report is left with the MDR along with a list of members who require follow-ups (i.e. Dental Class III.). Any member requiring follow up care or who has been referred for further



treatment by an LHI Health Care Provider must be place TNPQ or TNDQ by the MDR, with patient case files maintained in accordance with current policy.

(6) Copies of all exams/documents will be forwarded to LHI for a quality assurance review. Any changes resulting from the review will be forwarded to the MDR for placement in Member's HREC.

c. Cancellations. Any RHRP events that need to be cancelled must come through MARFORRES HSS office for approval. Cancellation requests must be submitted no less than two weeks from commencement date. Events are not officially cancelled until HSS directly requests the cancellations from LHI. Cancellations cannot be made within one week of commencement date. When cancellation is approved, HSS will contact MSC and MSC leadership to inform commanders of the status the canceled request. Submit justification for cancellation through MDR Chain of Command and signed by the I-I then emailed to RHRP group email at MFRRHRP@USMC.MIL.

3. Individual in-clinic service

a. LHI Individual In-Clinic Services Include:

- (1) PHA
- (2) Dental Exam
- (3) Panoramic X-ray (must include Dental Exam)
- (4) DNA, RH Factor, G6PD, Lipid Panel with glucose, Sickie Cell
- (5) Immunizations (Hepatitis A/B, Twinrix, TDAP, Influenza)
- (6) IMR Services (Mammogram, Pap Smear, Audiogram, EKG, Eyewear Exam).

4. Ordering Process. Contact MARFORRES HSS for current ordering policies and procedures.



Chapter 9

TRICARE AND DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

1. TRICARE Benefits. The MDR is responsible for education and facilitation of TRICARE options, benefits, and procedures for both AC and RC personnel at their Marine Corps unit. This includes pre and post deployment benefits.

a. TRICARE for AC Personnel. Active duty service members must enroll in one of TRICARE's Prime options depending on where they live.

(1) TRICARE Prime

(2) TRICARE Prime Remote

b. Active duty dependents are also eligible for TRICARE. Eligible dependents may enroll in one of the Prime options listed above, or enroll in TRICARE Standard and Extra.

2. TRICARE Reserve Select (TRS). TRS is a premium-based health plan that qualified Drilling Reserve members may purchase when not on active duty. TRS, which requires a monthly premium, offers coverage similar to TRICARE Standard and Tricare Extra (deductibles and cost-shares apply). For more information about qualifying for and purchasing TRS, visit the TRS Website.

a. Eligibility. To verify eligibility for TRICARE and to determine qualification coverage under TRS, visit the Defense Manpower Data Center (DMDC) Website. Registration in the DEERS is required before dependents can become eligible for any TRICARE coverage. To register go to the DMDC Website or call 1-800-538-9552, Monday – Friday, 9am to 6:30 p.m. Eastern Standard Time; or visit a uniformed services identification (ID) card-issuing facility.

b. TRICARE Dental Program (TDP). TDP is a dental plan that may be purchased for active duty dependents, reservists and their dependents. Any time a reservist is activated for more than 30 days, they are automatically disenrolled from TDP and their dependents enrolled in TDP will pay reduced premiums. For more information about enrolling in the TDP visit the TDP Website.

c. TRICARE Active Duty Dental Program (ADDP). The ADDP provides civilian dental care for active duty service members that live and work more than 50 miles from active duty dental treatment facilities and those DTFs that do not possess the specialty care required to complete treatment. Service members on continuous active duty orders for more than 30 days and enrolled in TRICARE Prime Remote for medical coverage are automatically eligible for RDP benefits. When a service member separates from active duty they are no longer eligible for RDP benefits, including any treatment that may have been authorized or initiated while on active duty. Therefore, all treatment initiated must be completed before separation or retirement from continuous active duty service.

d. Health and Dental Options During the Activation/Deactivation Cycle. Active duty must be in support of a contingency operation to qualify for pre-activation or Transitional Assistance Management Program (TAMP) coverage. Examples of contingency operations include Operations Enduring Freedom, Noble Eagle, and Iraqi Freedom.

e. Early Eligibility. This is a pre-activation benefit. Reserve members and dependents may qualify for active duty health and dental benefits for up to 180 days before active duty begins. The unit will notify the member of eligibility. For questions concerning this benefit, contact the TRO-South RC points of contact, Mr. Mac Sanders at 228-376-4371, DSN 379-4371 or Mr. Howard Hughs at 210-536-6044, who are the BCAC/DCAOs for the Reserves (Beneficiary Councilor Assistance Coordinator / Debt Collections Assistance Officer).



f. TAMP. TAMP provide 180 days of transitional health care benefits to help eligible uniformed services members and their dependents transition to civilian life. Reservists and their dependents may be covered for health benefits under TAMP if they are:

- (1) Being involuntarily separated from active duty, under honorable conditions.
- (2) Separating/demobilizing from a period of active duty that was more than 30 consecutive days in support of a contingency operation.
- (3) Separating from active duty following involuntary retention (stop-loss) in support of a contingency operation.
- (4) Separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation.
- (5) Receiving a sole survivorship discharge.
- (6) Separating from active duty and agree to become a member of the SMCR.

g. Service members are not eligible for TAMP while on terminal leave because they continue to receive active duty benefits and dependents remain covered under TRICARE Prime, TRICARE Prime Remote, or TRICARE Standard and Extra. There are no enrollment fees for TAMP coverage. However, the member and dependents must reenroll in order to receive TRICARE Prime benefits. TRICARE Standard is automatic. At the conclusion of the TAMP eligibility period, if the member or their dependents were enrolled in TRS and/or TDP, coverage should resume at the 181st day.

3. Claims/Billing sent to Defense Health Agency – Great Lakes (DHA-GL)

a. DHA - GL serves the following populations:

- (1) AC personnel enrolled in TRICARE Prime Remote (TPR)
- (2) Non-enrolled AC personnel not managed by a MTF
- (3) RC personnel with LOD injuries or diseases

b. DHA - GL provides pre-authorization for civilian medical care for AC personnel for TPR and for RC personnel with an approved LOD.

c. LOD benefits:

- (1) Authorizations for payment of civilian medical bills
- (2) Coordinates civilian health care services for remotely located service members
- (3) Collaborates with unit representatives regarding LOD cases

d. For further information please see the DHA – GL Process Guides or contact the Division Customer Service Department at 888-647-6676; ext.3367.

4. VA Benefits. The MDR is responsible for education and facilitation of VA benefits and procedures for both AC and RC personnel at the Marine Corps unit.

a. Veterans Health Care Eligibility on January 28, 2008, the “National Defense Authorization Act of 2008” was signed into law extending the period of eligibility for health care for veterans who served in a theater of combat operations after November 11, 1998, (commonly referred to as combat veterans or



OEF/OIF veterans). Under the “Combat Veteran” authority, the VA provides cost-free health care services and nursing home care for conditions possibly related to military service and enrollment in Priority Group 6, unless eligible for enrollment in a higher priority to:

(1) Currently, enrolled veterans and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits for five years post discharge.

(2) Veterans discharged from active duty before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for the enhanced benefit until January 27, 2011.

(3) Note. Combat veterans, while not required to disclose income information, may do so to determine eligibility for a higher priority status, beneficiary travel benefits and exemption of copays for care unrelated to their military service.

5. Documentation Used to Determine Service in a Theater of Combat Operations

- a. Military service documentation that reflects service in a combat theater, or
- b. Receipt of combat service medals and/or receipt of imminent danger or hostile fire pay or tax benefits.

6. Health Benefits under the “Combat Veteran” Authority

- a. Cost-free care and medications provided for conditions potentially related to combat service.
- b. Enrollment in Priority Group 6 unless eligible for enrollment in a higher priority group.
- c. Full access to VA Medical Benefits Package.

7. Combat Veteran Authority Questions

a. Eligibility. Veterans, including activated Reservists and members of the National Guard, are eligible if they served on active duty in a theater of combat operations after November 11, 1998, and have been discharged under other than dishonorable conditions.

b. Expired Eligibility. Veterans who enroll with VA under this authority will continue to be enrolled even after their enhanced eligibility period ends. At the end of their enhanced eligibility period, veterans enrolled in Priority Group VI may be shifted to Priority Group VII or VIII, depending on their income level, and required to make applicable co-pays.

8. Combat Veterans That Do Not Enroll During Enhanced Authority Period. For those veterans who do not enroll during their enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors such as: a compensable service-connected disability, VA pension status, catastrophic disability determination, or the veteran’s financial circumstances. For this reason, combat veterans are strongly encouraged to apply for enrollment within their enhanced eligibility period, even if no medical care is currently needed.

9. Copays

a. Veterans who qualify as combat veterans are not subject to copays for conditions related to their combat service. However, unless otherwise exempted, combat veterans must either disclose prior year gross household income, or decline to provide their financial information, and agree to make applicable copays for care or services VA determines are clearly unrelated to their military service.



b. Note. While income disclosure by a recently discharged combat veteran is not a requirement, this disclosure may provide additional benefits such as eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to combat.

10. Dental

a. Eligibility for VA dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care. Combat veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

(1) They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and

(2) The certificate of discharge or release does not bear a certification that the veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by the examination to be needed.

(3) Application for VA dental treatment is made within 180 days of discharge or release.

b. Additional information is available at the nearest VA medical facility. VA facilities listing and telephone numbers can be found on the VA Website or in the local telephone directory under the "U.S. Government" listings. Veterans can also call the Health Benefit Service Center toll free at 1-877-222-VETS (8387) or visit the VA health eligibility Website.



Chapter 10

HEALTH PROMOTION

1. Health Promotions

a. Health and wellness promotion is an integral component of the DoD's Population Health and Force Health Protection programs. The Navy's Health and Wellness Promotion Program directly supports the Chief of Naval Operations' (CNO's) "Pillars of Wellness" per DoD Directive 1010.10 of 22 August 2003. The range of health and wellness promotion program activities covers three levels of programming: Awareness, Education/Motivation, and Intervention, to assist individuals and groups in the various stages of readiness to make a behavior change. Additional information can be found at both the MilitaryOneSource.org Website and the Health Promotion Toolbox on the Navy and Marine Corps Public Health Website.

b. References for the Navy Health and Wellness Promotion Program include: OPNAV INST 6100.2(Series) and BUMEDINST 6110.13 and the Health Promotion Manual.

2. Required Training for Health Promotion Coordination. The Navy Health Promotion Basics Course, Level I, intended for any Navy personnel assigned as the Health Promotion Coordinator/Director at the command, is now available through Navy E-Learning on Navy Knowledge Online (NKO). This course is designed to meet the HP training needs of RC personnel assigned as HP Coordinators for NOSCs or Detachments. The Level I course gives students the knowledge needed to plan, implement, and evaluate a Program at the command level. It is the prerequisite training for the one day classroom Navy Health Program Basics Course, Level II, which gives students the opportunity to gain "hands-on" experience in planning, implementing, and evaluating a Health Program for the commands. The Level I course can be accessed on NKO using either of these two methods:

a. Log onto NKO, select Navy E-Learning under Learning, select Browse Categories under Content, select Department of the Navy Training, select Navy Medical Education & Training, and select the course by title (it's on page two of the course listing). The title of the course is Navy Health Promotion Basics Course Level I

b. Log onto NKO, select Navy E-Learning under Learning, select Advanced Search under Content, and then either type in the course title (above) in the Catalog Title or type in the course number (NMHPB081) under Course Code.

3. Fleet and Marine Corps Health Risk Assessment (HRA)

a. The Fleet and Marine Corps HRA is a web-based, anonymous assessment that produces both individualized Participant Reports as well as CO Reports.

b. This is a health and wellness assessment rather than a disease screening tool.

c. To assess the lifestyle risk behaviors of individuals as part of the annual PHA, worksite wellness program, or other community health activities.

d. The HRA Administrator can provide the CO with Command HRA reports which detail areas in which to focus Health Promotion efforts. (Additional information about the HRA can be found on the Navy and Marine Corps Public Health Website).



Chapter 11

DEPLOYMENT HEALTH

1. Deployment Health. The deployment health process is comprised of three components: Pre-Deployment Health Assessment (Pre-DHA), PDHA, and PDHRA). Pre – DHA and PDHA surveys are required to assess a Service member's state of health before deployment and to assist military health care providers in identifying health concerns and providing medical care. All DHAs must be completed and submitted electronically at <https://www-nmcphc.med.navy.mil/edha/>.

- a. See Sections 6.3.4 and 6.3.5. for other Pre/Post Deployment concerns.
- b. Signature blocks reserved for Health Care Providers on DD Form 2807, DD Form 2808, and NAVMED Form 1300/4 are reserved for signatures by Medical Officers, Nurse Practitioners, and Physician Assistants only.
- c. FOR PROVIDERS ONLY: The Deployment Mental Health Assessment (DMHA) will be conducted in coordination with the Pre-Deployment Health Assessment (DD2795) and Post-Deployment Health Reassessment (DD2900).
- d. All providers must successfully complete the DMHA Training (<https://mhaquiz.dhhq.health.mil>) prior to reviewing and certifying the Pre-DHA/PDHRA and DMHA. If assistance is needed to access DMHA Quiz or to contact DMHA Training, contact the DMHA helpdesk at: 1-800-600-9332, Option 5.

2. Mental Health Assessment. Service members that deploy in support of contingency operations will complete a person-to-person Mental Health Assessment during the following four time frames as per DoDI 6490.12:

- a. Within 120 days before the estimated date of deployment (coincides with pre-DHA).
- b. Between 90 – 180 days after return from deployment (coincides with the PDHRA).
- c. Between 181 days – 18 months after return from deployment (in conjunction with the PHA recorded on DD Form 2978 (DMHA))
- d. Between 18 – 30 months after return from deployment (in conjunction with the PHA recorded on DD Form 2978 (DMHA))
- e. In order to streamline the implementation and tracking process, the delivery of Mental Health Assessments aligns with Pre-DHA, PDHRA and with the ensuing two PHAs respectively.

3. Pre-Deployment Health Assessment (Pre-DHA)

a. MDR's should assist the Command Individual Augmentee Coordinator (CIAC) in notifying service members to complete all pre-deployment requirements. Upon notification of a mobilization, the MDR should screen each member's HREC and DREC completely to ensure medical deployability per NAVMED 1300/4 and MOD 12 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy. Service members and the MDR will coordinate to complete the required forms listed below no earlier than 120 days prior to deployment:

- (1) NAVMED 1300/4 Expeditionary Medical and Dental Screening
- (2) DD 2807-1 Report of Medical History
- (3) DD-2795 (electronic only) Pre-DHA



(4) NAVPERS 1300/21 Medical Suitability Certification

(5) NAVPERS 1300/22 Expeditionary Screening Checklist

(6) DD Form 2978 Mental Health Assessment

(7) Area of Responsibility (AOR) Waiver (as appropriate for area to which the member is deploying; see BUMEDINST 1300.3(Series) encl: 3 & 4)

(8) Small Arms Waiver (if applicable) (BUMEDINST 1300.3 (Series) encl: 5)

(9) The MDR will ensure a printed copy of the completed DHA Form which has been electronically signed by a health care provider shall be kept in the HREC.

3. During the Pre-Deployment Screening for Members Identified for Mobilization or Recall to Active Duty.

a. The following procedures shall be adhered to:

(1) Ensure all mobilized Reservists are screened for suitability.

(2) Suitability Screenings shall be initiated no later than 30 days after notification.

(3) Suitability screenings shall be completed within 60 days of notification of deployment.

(4) Sustainability screening will include physical examinations, laboratories and immunizations required to meet the assignment.

(5) Note: Certain labs will be required to be redrawn in accordance with NAVMED 1300/4 and forms specific to the area of responsibility.

b. MDRs shall use NAVMED 1300/4, NAVMED 1300/21, NAVMED 1300/22, and forms specific to the AOR to perform pre-deployment medical screening. The following sections provide additional guidance. All references and forms may be found at Navy Individual Augmentee website. (Note: When a member receives delayed effective date orders in support of a contingency operation, the member and their dependents become eligible for TRICARE benefits up to 180 days prior to departure. Members should utilize these benefits to complete any outstanding readiness requirements.

(1) MDRs shall perform health record review in the manner described above.

(2) For all personnel in receipt of recall to active duty mobilization orders with identified deployment-limiting condition contact MARFORRES HSS immediately for guidance.

(3) Personnel recalled to active duty assigned must first submit request for waiver to HQMC.

4. PDHA. The PDHA DD Form 2796 (electronic only) shall be completed as close to the return date as possible, but not earlier than 30 days before the expected return date and not later than 30 days after the re-deployment date; and for RC personnel, before they are released from active duty. The MDR will ensure a printed copy of the completed DHA Form which has been electronically signed by a health care provider shall be kept in the HREC.

a. Care must be taken during the PDHA to ensure personnel with service-connected injuries are properly counseled concerning the benefits available to them through the LOD program. Personnel with condition(s) identified during deployment are entitled to LOD benefits but may choose to seek civilian care during their 180 days of TAMP eligibility or from the VA program nearest them for up to five years following deployment.



(1) Ensure all members checking in and out of the command are medically reviewed for deployment history; ensure all members with a mobilization history have required hard copy forms in their medical record

(2) Update current date in MRRS PHA field.

(3) Document in MRRS status tab and with an SF-600 record entry with the following: "PHA due date has been reset to the following (new date) per RESPERSMAN 6000-010".

b. **PDHRA.** The PDHRA DD Form 2900 (electronic only) and Mental Health Assessment (2nd assessment) on form DD 2798 (formerly NAVMED 6100/8) shall be completed 90-180 days after returning from deployment. PDHRAs are required for all members who meet the following criteria:

(1) Deployment ashore of more than 30 days with duties involving Outside the Continental U.S. (OCONUS) operations without a fixed MTF.

(2) Individual and unit deployments to USCENTCOM AOR or other areas designated by appropriate authority.

(3) Commander exercising operational control (regardless of deployment area, duration, or MTF support) determines a health threat exists (e.g., a deployed ship conducts operations that may expose service members to contaminants, disease, or traumatic events).

(4) Members assigned to ships and squadrons conducting routine deployments with their ship or squadron are exempt from the DHA requirements, unless paragraph one or three applies.

(5) The PDHRA can be accomplished by the member contacting LHI at the PDHRA Call Center (1-888-734-7299), or the MDR may set-up a group event via RHRP. (See chapter 7)

(6) The MDR will ensure a printed copy of the completed / certified DHA Form which has been electronically signed by a health care provider shall be kept in the HREC.



APPENDIX A

REFERENCES

1. Annual Medical/Dental Stock Supplies Checklist
2. Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR) (website)
3. BUMDED INST 6230.15A – Immunizations and Chemoprophylaxis
4. BUMEDINST 6110.13 – Navy Medical Department Health Promotion and Wellness Program
5. BUMEDINST 6110.14 – Documenting and Reporting Individual Medical Readiness Data
6. BUMEDINST 6120.20B – Competence for Duty Examinations, Evaluations of Sobriety, and Other 7.
7. Bodily Views and Intrusions Performed by Medical Personnel
8. BUMEDINST 6230.15A – Immunizations and Chemoprophylaxis
9. BUMEDINST 6224.8A – Tuberculosis Control Program
10. BUMEDINST 6320.83 – Provision of Standbys During Medical Examinations
11. BUMEDINST 6710.63 – Reporting of Defective, Unsafe, or Unsatisfactory Medical and Dental Material
12. BUMEDNOTE 6230 – Immunization Requirements and Recommendations
13. Centers for Disease Control and Prevention (CDC)
14. Chronological Record of Medical Care SF-600
15. DD 2697 – Report of Medical Assessment
16. DD 2766 – Adult Preventive and Chronic Care Flowsheet
17. DD 2807-1 – Report of Medical History
18. DD 2795 - electronic only
19. DD 2813 – DOD Active Duty / Reserve Forces Dental Examination
20. DOD Anthrax policy –
21. DOD Directive 1010.10 of 22 Aug 03 – Health Promotion and Disease/Injury Prevention
22. DOD Manual 4160.21M – Defense Property Disposal Manual
23. DODINST 6130.3 – Medical Standards for Appointment, Enlistment, or Induction in the Military Services
24. eDHA Account Instructions
25. Health Promotion Manual
26. HS-1 Force Protection and Readiness Checklist
27. Manual of the Medical Department (MANMED)
28. Medical Readiness Reporting System (MRRS) (website)
29. Defense Health Agency Great Lakes
30. Military Vaccine Agency (MILVAX) (website)
31. MilitaryOneSource.org (website)
32. MILPERSMAN 1050-180 – Convalescent Leave
33. MOD 12 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy
34. MRRS Computer Based Training
35. NAVMED 1300/4 – Expeditionary Medical and Dental Screening for Individual Augmentee and Support Assignments to Overseas Contingency Operations
36. NAVMED 6120/1 – Competence for Duty Examination
37. NAVMED 6120/4 – Periodic Health Assessment
38. NAVMED 6150/7 – Health Record Receipt
39. NAVMED 6150-4 – Abstract of Service and Medical History
40. NAVMED 6320/10 – Statement of Civilian Medical/Dental Care
41. NAVMED 6600/12 – Reserve Dental Assessment and Certification
42. NAVMED P-5010 – Manual of Naval Preventive Medicine
43. NAVMEDCOMINST 6230.2 – Malaria Prevention and Control
44. NAVPERS 1300/21 – Medical Suitability Certification
45. NAVPERS 1300/22 – Expeditionary Screening Checklist
46. Navy and Marine Corps Public Health (website)
47. Navy Knowledge Online (NKO)
48. Navy Sexual Assault Prevention and Response (SAPR) (website)



49. Navy Standard Integrated Personnel System (NSIPS)
50. OPNAV INST 6100.2A – Health and Wellness Promotion Program
51. OPNAVINST 5100.23G – Navy Safety and Occupational Health Program Manual
52. OPNAVINST 5100.8G – Navy Safety and Occupational Health Program
53. OPNAVINST 6110.1H – Physical Readiness Program
54. Reserve Health Readiness Program (RHRP) (website)
55. Reserve Web Portal (website)
56. SECNAVINST 5210.8D – DON Records Management Program
57. SECNAVINST 5211.5E – DON Privacy Act Program
58. SECNAVINST 5216.5D – DON Correspondence Manual
59. SECNAVINST 5300.30D – Management of HIV Infection in the Navy and Marine Corps
60. SECNAVINST 6320.24A – Mental Health Evaluations of Members of the Armed Forces
61. SEVNAVINST 6120.3 – Periodic Health Assessment for Individual Medical Readiness
62. SF-600
63. System Authorization Access Request (SAAR)
64. TRICARE (website)
65. TRICARE DEERS (website)
66. TRICARE Dental Program (TDP) (website)
67. TRICARE Reserve Select (TRS) (website)
68. Veteran Affairs (VA) (website)
69. Veterans Affairs Records Management Center (VARMC) (website)



APPENDIX B

ACRONYMS

The following acronyms are used in this manual:

AC	Active Component
ADT	Active Duty Training
AFRSS	Armed Forces Repository of Specimen Samples
AFRSSIR	"AFRSS" for the Identification of Remains
AHLTA	Armed Forces Health Longitudinal Technology Application
AT	Annual Training
BCLS	Basic Cardiopulmonary Life Support
BUMED	Navy Bureau of Medicine and Surgery
CACO	Casualty Assistance Call Officer
CDC	Center for Disease Control and Prevention
CG	Commanding General
CGI	Commanding General Inspection
CFT	Combat Fitness Test
CHCS	Composite Health Care System
CNO	Chief of Naval Operations
CNRFC	Commander, Navy Reserve Forces Command
CO	Commanding Officer
CoC	Chain of Command
CLS	Combat Lifesaver
CPR	Cardiopulmonary Resuscitation
DEERS	Defense Eligibility Enrollment Registration System
DES	Disability Evaluation System
DHA-GL	Defense Health Agency-GL
DNA	Deoxyribonucleic Acid
DO	Dental Officer
DOD	Department of Defense
DREC	Dental Record
ECG	Electrocardiogram
eDHA	Electronic Deployment Health Assessment Database
EMS	Emergency Medical Services
FRAAP	Force Readiness Assistance and Assessment Program
G6PD	Glucose-6-Phosphate Dehydrogenase Deficiency
HIV	Human Immunodeficiency Virus
HM	Hospital Corpsman
HP	Health Promotion
HRA	Health Risk Assessment
HREC	Health Record
HQMC	Headquarters Marine Corps
HTC	Home Training Center
HSS	Health Services Support
IAW	In Accordance With
I-I	Instructor and Inspector
IDC	Independent Duty Corpsman
IDT	Inactive Duty Training
IDTT	Inactive Duty Training with Travel
IMR	Individual Medical Readiness
IRR	Inactive Ready Reserve
LHI	Logistics Health Inc.
LOD	Line of Duty
MARFORRES	Marine Forces Reserve



MCMEDS	Marine Corps Medical Entitlements Data System
MCTFS	Marine Corps Total Force System
MDR	Medical Department Representative
MEB	Medical Evaluation Board
MILVAX	Military Vaccine Agency
MO	Medical Officer
MOU	Memorandum of Understanding
MFR	Marine Forces Readiness
MHA	Mental Health Assessment
MRRS	Medical Readiness Reporting System
MTF	Military Treatment Facility
NEPMU	Navy Environmental Preventive Medicine Unit
NKO	Navy Knowledge Online
NMA	Non-Medical Assessment
NRA	Naval Reserve Activity
NPQ	Not Physically Qualified
OCONUS	Outside the Continental United States
OJAG	Office of the Judge Advocate General
PDES	Physical Disability Evaluation System
PDHA	Post Deployment Health Assessment
PDHRA	Post Deployment Health Reassessment
PEB	Physical Evaluation Board
PFA	Physical Fitness Assessment
PHA	Physical Health Assessment
PHOP	Psychological Health Outreach Program
POAM	Plan of Action and Milestone
POC	Point of Contact
PQ	Physically Qualified
Pre-DHA	Pre-Deployment Health Assessment
PRT	Physical Readiness Test
RC	Reserve Component
RDP	TRICARE Remote Dental Program
RHRP	Reserve Health Readiness Program
RMA	Reserve Medical Administration
SAAR	System Authorization Access Report
SAPR	Sexual Assault Prevention and Response
SACO	Substance Abuse Coordinator
SF IDC	Surface Independent Corpsman
SIQ	Sick in Quarters
SMCR	Selected Marine Corps Reserve
SNCO	Senior Non Commissioned Officer
SOP	Standard Operating Procedure
TAMP	Transitional Assistance Management Program
TB	Tuberculosis
TCCC	Tactical Combat Casualty Care
TDP	TRICARE Dental Program
TNDQ	Temporarily Not Dentally Qualified
TNPQ	Temporarily Not Physically Qualified
TPR	TRICARE Prime Remote
TRS	TRICARE Reserve Select
VA	Department of Veterans Affairs
VAERS	Vaccine Adverse Event Reporting System
VARMC	Veteran Affairs Records Management Center
VIALS	Vaccine Information and Logistics System
VIS	Vaccine Information Sheet



APPENDIX C

SAMPLE DENTAL CLASS III PAGE 11

ADMINISTRATIVE REMARKS (1070)

DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. <div style="background-color: #e0e0ff; padding: 2px; margin-top: 5px;">(Signature)</div>	DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. <div style="background-color: #e0e0ff; padding: 2px; margin-top: 5px;">(Signature)</div>	DATE I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan. <div style="background-color: #e0e0ff; padding: 2px; margin-top: 5px;">(Signature)</div>
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Temporarily Not Dental Qualified (TNDQ) Placement

(Initials) I have been notified this date that I am a dental class III, which means that I have a dental condition that could lead to a dental emergency within the next 12 months. As a member of the Marine Corps Reserve, I am expected to maintain good dental health at my own expense, and dental class II is the minimum standard for Marine Corps Reserve personnel, Per MANMED Ch 15, Article 15-28.

(Initials) I understand as a dental class III, I am now being placed in a TNDQ status. In TNDQ status, I am authorized to perform Inactive Duty Training (IDT) only. I am not authorized to perform Annual Training (AT), Additional Duty Training (ADT), Inactive Duty Training Travel (IDTT), or Active Duty for Special Work (ADSW).

(Initials) I have been informed and understand that I have 180 days from the date of this page 11 to achieve dental class I or II.

(Initials) I understand that while I am in the TNDQ status, I must provide progression documentation on my DoD Active Duty/Reserve Forces Dental Examination form DD 2813, at a minimum, every 30 days from my dentist. Updates on my treatment progress go to the Inspector-Instructor Medical Department. It has been explained to me and I understand that as long as I am making progress on completing my dental plan, I will remain in a Satisfactory Drill Participation Status.

(Initials) Completion of this treatment plan will establish my dental readiness at dental class I or II. If required, I may request a one-time extension of 180 days to complete my dental treatment from COMMARFORRES Physical Qualifications and Review (MED-32) via my supporting Inspector-Instructor Medical Department.

(Initials) It has been explained to me and I understand that failure to show progress of improving my dental readiness in the first 180 days of TNDQ could lead to my being processed for Separation for Reasons of Unsatisfactory Drill Participation, per MCO P1001R.1K.

(Initials) I am currently enrolled in the TRICARE Dental Program.

(Initials) I currently have civilian dental insurance under _____.

(Initials) I do not have dental insurance at this time.

(Initials) I would like to enroll in the TRICARE Dental Program.

Member's Contact Information:

Home Address: _____
 Phone Number: _____
 Email Address: _____

(Member's Printed Name) _____

(Member's Signature) _____

(Date) _____

(CO/I-I Printed Name) _____

(CO/I-I Signature) _____

(Date) _____

NAME (last, first, middle)	SSN (Last 4)
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APPENDIX D

SAMPLE TNPQ (IN DRILL OR NON DRILL) STATUS PAGE 11

ADMINISTRATIVE REMARKS (1070)				
DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. <div style="background-color: #e0e0ff; height: 20px; margin-top: 5px;"></div> <div style="background-color: #e0e0ff; height: 20px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">(Signature)</div>	DATE Articles UCMJ explained to me this date as required by Article 137, UCMJ. <div style="background-color: #e0e0ff; height: 20px; margin-top: 5px;"></div> <div style="background-color: #e0e0ff; height: 20px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">(Signature)</div>	DATE I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan. <div style="background-color: #e0e0ff; height: 20px; margin-top: 5px;"></div> <div style="background-color: #e0e0ff; height: 20px; margin-top: 5px;"></div> <div style="text-align: center; font-size: small;">(Signature)</div>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <div style="text-align: center; font-weight: bold; font-size: small;">Temporarily Not Physically Qualified (TNPQ) Placement</div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Initials) I have been placed TNPQ this date due to a non-service related medical condition or injury. As a member of the United States Marine Corps Reserve, I am expected to maintain good physical health per DoDI 6025.19. </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Initials) I understand that while on TNPQ, per Marine Corps Order 1001R.1K, I'm not authorized to perform Active Duty for Operational Support (ADOS) or Active Duty for Training (ADT) greater than 30 days or perform any duties from which I have been restricted by the Inspector-Instructor Medical Department. Off-site ADOS or ADT is not authorized while in a TNPQ status. Off-site drills can be rescheduled or performed at the HTC. </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Initials) I have been informed and understand that I have 180 days from the date of this page 11 to return to Full Duty. If required, I may request a one-time extension of 180 days from COMMARFORRES Physical Qualifications and Review (MED-32) to complete my medical treatment. </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Initials) I understand that while I am in the TNPQ status, I must provide medical documentation, at a minimum, every 30 days from my physician. Updates on my treatment progress to the Inspector-Instructor Medical Department. Failure to provide required documentation could result in administrative actions, including, but not restricted to, administrative separation and/or (for enlisted personnel) reduction in grade per Marine Corps Order 1001R.1K. </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Initials) I understand I am on: </div> <div style="text-align: center; font-size: small;"> TNPQ DRILL or TNPQ NON-DRILL (circle one) </div> </div> </div> </div></div></div></td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <div style="font-size: small;">Member's Contact Information:</div> <div style="margin-top: 5px;"> Home Address: Phone Number: Email Address: </div> <div style="margin-top: 20px; display: flex; justify-content: space-between; font-size: x-small;"> <div>(Member's Printed Name)</div> <div>(Member's Signature)</div> <div>(Date)</div> </div> <div style="margin-top: 10px; display: flex; justify-content: space-between; font-size: x-small;"> <div>(CO/I-I Printed Name)</div> <div>(CO/I-I Signature)</div> <div>(Date)</div> </div> </td> </tr> </table>			<div style="text-align: center; font-weight: bold; font-size: small;">Temporarily Not Physically Qualified (TNPQ) Placement</div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Initials) I have been placed TNPQ this date due to a non-service related medical condition or injury. 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<div style="background-color: #e0e0ff; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #e0e0ff; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">NAME (last, first, middle)</div>		<div style="background-color: #e0e0ff; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #e0e0ff; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">SSN (Last 4)</div>		

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For additional references and forms, visit the MARFORRES Health Service Support page.



APPENDIX E

SAMPLE NPQ PAGE 11

Print Form

G

ADMINISTRATIVE REMARKS (1070)

DATE <input type="text"/> Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	DATE <input type="text"/> Articles UCMJ explained to me this date as required by Article 137, UCMJ. (Signature)	DATE <input type="text"/> I have been counseled concerning SBP and fully understand the automatic enrollment and future enrollment provisions on the Plan. (Signature)
<p>Not Physically Qualified (NPQ) Placement</p> <p>(Initials) I have been notified this date that I am being placed in an NPQ status due to a non-service related medical condition or injury. As a member of the United States Marine Corps Reserve, I am expected to maintain good physical health per DoDI 6025.19.</p> <p>(Initials) According to MCO 1001R.1K, I am not authorized to perform Inactive Duty Training (IDT), Annual Training (AT), Additional Duty Training (ADT), Inactive Duty Training Travel (IDTT), or Active Duty for Special Work (ADSW) while in an NPQ status.</p> <p>(Initials) I understand that while I am in an NPQ status, I must provide the Medical Department Inspector-Instructor medical documentation, at a minimum, every 30 days from my physician. Failure to provide required documentation could result in administrative actions, including, but not restricted to, administrative separation and/or (for enlisted personnel) reduction in grade per Marine Corps 10001R.1K</p> <p>Member's Contact Information:</p> <p>Home Address: Phone Number: Email:</p> <p>(Member's Printed Name) (Member's Signature) (Date)</p> <p>(CO/I-I Printed Name) (CO/I-I Signature) (Date)</p>		
NAME (last, first, middle)		EDIPI

 NAVMC 118(11) (REV. 05-2014) (EF)
 PREVIOUS EDITIONS ARE OBSOLETE
11.

Reset Form

FOUO - Privacy sensitive when filled in

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See the link below:

<http://www.marforres.marines.mil/GeneralSpecialStaffs/HealthServicesSupport.aspx>

(CAC enabled)

HEALTH SERVICE SUPPORT

Health Service Support Officer	(504) 697-8726
MARFORRES Force Corpsman	(504) 697-8730
Deputy HSSO/ POMI/ NROWS	(504) 697-8729
Health Services Support LCPO	(504) 697-8731
Retention & PEB Packages/ MRRS Access	(504) 697-8050
Reserve Health Readiness Program & Reserve Medical Administration Course	(504) 697-8052
Post Deployment Health Assessments	(504) 697-7436

Health Service Support Group Email address:

OMB_MARFORRES_HSS@usmc.mil



MARINE FORCES RESERVE
 HEALTH SERVICES SUPPORT
 2000 OPELOUSAS AVENUE
 NEW ORLEANS, LA 70114

MDR MANUAL CHANGE REQUEST (CR) FORM

CR Number: To be assigned by the MARFORRES HSS.	Date Submitted: _____ Submit to: OMB_MARFORRES_HSS@USMC.MIL
CR Title:	
Author Name:	Author Phone:
Author Organization:	Author Email:
Executive Summary: (Provide a short summary of the changes requested)	
Description of Change: (Provide a detailed description of the changes requested)	
Reason for Change: (Provide a complete statement of the reason for change including rationale.)	
Impact of Non-incorporation: (Describe the possible consequences of not incorporating the change.)	
Recommendation/Remarks: (Enter any additional information.)	